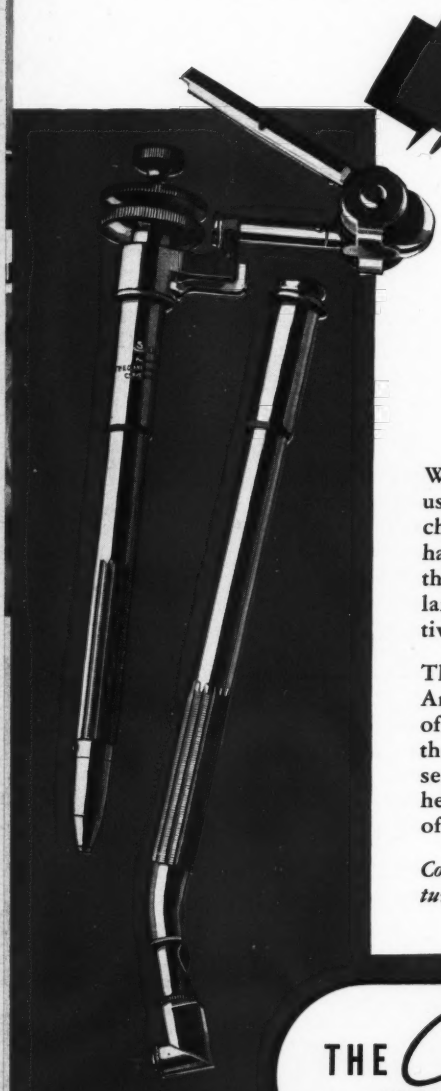
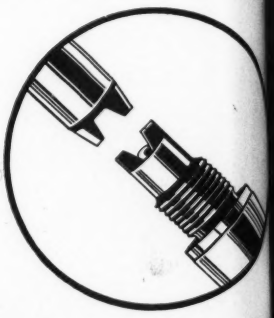
ORAL HYGIENE

Child Health Month *May, 1939*

The *Sani-Terry* Contra-Angle Does Not Wea the Bur Chuck





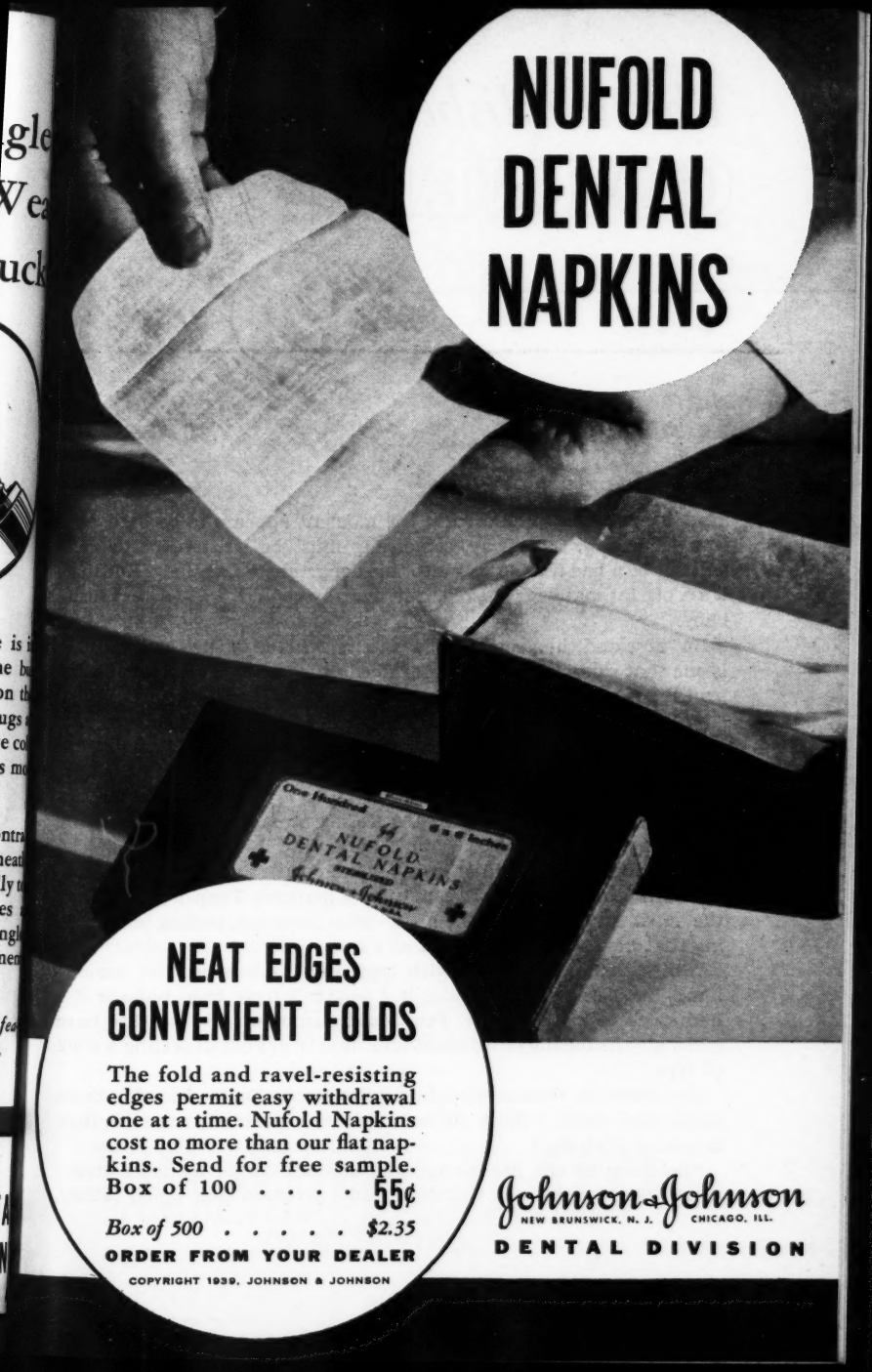
When the Sani-Terry Contra-Angle is i use there is no connection with the bu chuck and, consequently, no wear on th handpiece at this point. Two small lugs a the end of the spindle engage the drive co lar of the Contra-Angle and supply its mo tive power.

The long sheath of the Sani-Terry Contra Angle is interchangeable with the sheath of the handpiece and locks automatically to the frame. The firm attachment gives a sense of security not possible with an angle held by the bur chuck. A slight movement of the latch releases the Contra-Angle.

Complete information about the special fea tures of Sani-Terry Handpieces on request.

TRADE CLEV-DENT MARK

THE *Cleveland* DENTA MANUFACTURING COMPAN CLEVELAND, OHIO • U. S.



NEAT EDGES
CONVENIENT FOLDS

The fold and ravel-resisting edges permit easy withdrawal one at a time. Nufold Napkins cost no more than our flat napkins. Send for free sample.

Box of 100 . . . . 55¢

Box of 500 . . . . . $2.35

ORDER FROM YOUR DEALER

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.
DENTAL DIVISION

The Publisher's CORNER

BY MASS **NUMBER 215**

SINCE THE CEREBRAL cupboard at the moment appears to be bare, and since somehow, some way, something must be written, perhaps it will not be a bad idea to fish into this department's mailbag. Not that it's a big fat mailbag; it isn't; a little baby could lift it—a very little baby.

But now and then someone *does* write a letter to the CORNER. Here is one that came last month from Reed Sturgeon of Toledo about the printing press story; he wrote:

"Your March CORNER struck a responsive chord in my bosom and aroused fond memories. I, too, started with the little *Youth's Companion* outfit—obtained in the same way. The only difference is that I managed by some hook or crook—I don't recall how—to dig up enough cash to send for the $5.00 Kelsey press, after many months of longing and anticipation. And I hung onto it—adding a new font of type whenever I could afford to, which wasn't often—until I emigrated to Cleveland a few years after I married. Then I parted with the outfit, sorrowfully, to the home-town preacher, hoping and praying that he would appreciate it as I had.

"Since then, my contact with type and ink has been at second-hand, but I sometimes wonder if I wouldn't have been happier if I had stuck to my first love. Few accomplishments in later life have given me the feeling of satisfaction I used to get out of setting a stick of type."

The February CORNER brought a letter from a Dallas friend of these pages, who would, I think, rather not have his identity revealed. Here is part of his letter:

"Relaxing by the fireside tonight at the close of a rather strenuous week, searching in vain for a radio program that would satisfy,

TRUBASE~
IN ITS FIELD, AS FIRM AS THE PYRAMIDS

IF YOU have ever had a baseplate become slightly distorted under the repeated handling a trial plate receives, you have probably wished for a baseplate with some of the firmness and unchanging qualities of the Pyramids.

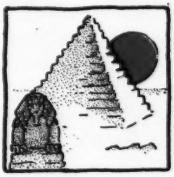
Such baseplates are yours, if you use TRUBASE.

Here's a material which, when heated, can be moulded into every detail of the cast. But when it cools, TRUBASE is *hard and rigid* and will hold its form indefinitely. It does not warp in cooling and will not soften when handled or when tried in the mouth.

TRUBASE eliminates those little inaccuracies at the start which make big troubles in the finished denture.

Single-Thick
TRUBASE

For Baseplates of Bites and Trial Plates. Put up in packages of 1 doz. plates and 100 plates.



Double-Thick
TRUBASE

For "Custom-Made" Impression Trays. Put up in packages of 8 plates and 100 plates.

DOUBLE-Thick TRUBASE is just twice as strong and rigid as Single-Thick and was developed especially for making accurately fitting trays for muscle-trimmed impressions. It's a bit heavy for baseplate use, but fine for trays. It can be trimmed and shaped *ad lib.* when heated but it's stiffer than metal when cold.

TRUBASE

Ask your dealer to send you a box of Trubase—
It's the first step toward
accurate "try-ins."

THE
TRUBYTE SYSTEM
THE DENTISTS' SUPPLY COMPANY
OF NEW YORK

I finally snapped off the switch and picked up the February ORAL HYGIENE which was lying on my reading table.

"Following a perverse habit of obscure origin and of many years' standing, I started at the back of the journal and read it clear through to the front cover. Coming at last to your CORNER, I was by that time a bit sleepy and so glanced over the first few sentences with only casual interest. Very soon, however, I found myself sitting up, wide awake and alert, for something in the article had struck a responsive chord within me, and, before I realized it, I had turned back and read it clear through a second time . . .

"Maybe it is a sign of advancing years, or maybe, Mass, we are just getting balmy, but each passing day finds more deeply ingrained the consciousness that the greatest forces of life are in 'the things that are not seen.' And among those forces none is greater than the force of the kindly thought. Poor indeed is the man who has not at some time in his life been fortified, heartened, or protected, consciously or unconsciously, by beneficent thought-waves thrown about him by friends and loved ones in times of great need or stress.

"And, in contemplating the benefits of thoughtful kindliness directed *toward us*, we come sooner or later to consider the other side of the question: the effects of thought impulses which *we* send out *to others*. Here, as with things material, 'it is more blessed to give than to receive,' notwithstanding that the vast majority, lacking in discernment of spiritual values, are wont to say that 'receiving is good enough for me.'

"Viewing things from the lowest level—that of pure selfishness—can any of us ever *afford* to harbor ill will or an unkindly thought toward anyone?

"The world needs more of this spirit to mix with the sordid and selfish routine of the daily battle for power, and prestige, and monetary gain.

"When I get back to my office on Monday, and material considerations again crowd in upon me, I shall probably feel ashamed of this rather impulsive and perhaps almost indecent exposure of sentiments which an ordinary guy would be expected to keep covered up—if, indeed, they ever got to the point of taking form—and I shall probably consign this letter to my beautiful mahogany wastebasket.

"But, whether or not you ever see this in writing, I hope that you will receive some beneficial effect from the electrons of kindly thought energy, feeble though they may be, released by my meditation tonight.

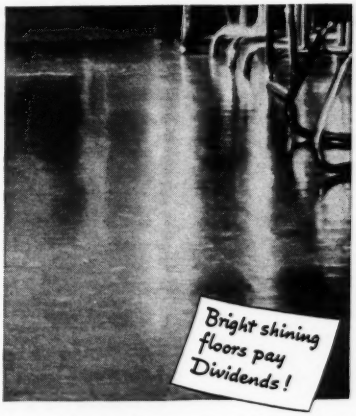
"The hour is twelve. *Buenas noches!*"

SPECIAL OFFER on JOHNSON'S FLOOR POLISHES!

Sturdy, long-handled, 8-inch Lamb's Wool

APPLIER FREE!

With every 5-gallon can you buy of either Johnson's No-Buff Floor Finish or Johnson's Traffic Wax. No limit to customer. (Offer expires July 1, 1939.)



JOHNSON'S NO-BUFF FLOOR FINISH —the remarkable new product that needs NO RUBBING or POLISHING—shines as it dries.

JOHNSON'S TRAFFIC WAX (Paste or Liquid) the tough, long-wearing polishing wax gives floors lasting beauty.

Both of these products are specially made to withstand heavy traffic.

ORDER FROM YOUR JOBBER!

If he cannot supply you, MAIL THIS COUPON

S. C. Johnson & Son, Inc.
Dept. OH-5, Racine, Wisconsin

Please send me name of nearest jobber stocking your Free Applier Deal.

*Name*_____

*Address*_____

*City*_____ *State*_____

Announcing

A NEW-TYPLIC

Contain No

Teel is free of chalk, grit, pumice—or abrasives of any kind. It cannot scratch enamel, or injure cementum in cases of receding gingivae.

Teel's detergent is sodium alkyl sulfate, which is neutral in action rather than acid or alkaline. It has had extensive clinical tests for safety and effective cleansing action.

Teel's low surface-tension expedites penetration and emulsification in interdental and gingival crevices.

Dentists have written us of TEEL'S effectiveness when mixed with pumice for prophylaxis at the chair. And they also report favorable patient reaction to its pleasant taste.

A *NEW* liquid dentifrice called Teel is now being introduced to the Profession and the Public. This dentifrice is designed solely to assist the action of the toothbrush in the daily cleansing of the teeth. No therapeutic or curative claims whatsoever are made for it.

Teel is free of chalk, or abrasives of any kind. It cannot scratch tooth enamel, nor can it prove harmful to teeth in cases where the cemento-enamel junction and softer structures of the teeth are exposed by receding gingivae.

What It Is

For its detergent, Teel employs sodium alkyl sulfate, an hymol salt. It is neutral in action rather than acid or alkaline. It has extremely low surface tension for unsurpassed penetration and emulsification properties in interdental and gingival crevices.

Teel has, of course, been thoroughly tested in our laboratories, and

PLIQUID DENTIFRICE

in No Abrasives

Conforms to authoritative dental findings on use of abrasives in dentifrices.

s new detergent was given exhaustive efficiency and safety tests a prominent dental college. It has been in the hands of thousands dentists in test areas for months, with favorable reports as to both ersonal and patient reaction. Many also praise its pleasant effecveness when mixed with pumice for prophylaxis at the chair.

Other Advantages of Liquid Teel

Besides being a safe dentifrice, Teel has very noteworthy advanges. It is very easy to use because, being a viscous liquid, the drops ing to the bristles. There's no waste—no muss. Teel is also ecoomical, for it multiplies over 30 times in the mouth. Hence, only few drops are required.

Teel also leaves the mouth feeling markedly clean and refreshed. e will gladly mail samples and additional information upon your reest. Procter & Gamble, Drug Products Division, Cincinnati, Ohio.

PATIENT: *I'll be in South America for a year. Any danger of this breaking?*

DENTIST: *Don't worry about that. It's made of platinum-palladium-gold. I couldn't give you anything stronger.*

YOU can be *confident*—as well as reassuring—when restorations are cast or wrought from platinum-palladium-golds. Platinum and palladium add extra strength to dental golds. Strength without hardness which might injure enamels. Strength with resiliency or *springiness* which keeps clasps tight and structures in line.

Remind patients who travel that comfort adjustments or repairs can be made quickly and easily on platinum-palladium-golds. No special equipment is needed. At surprisingly moderate prices, platinum-palladium-golds for all types of cast or wrought restorations are available from your regular sources of supply in yellow gold or white.

Platinum Metals Division
THE INTERNATIONAL NICKEL COMPANY, INC.
67 Wall Street, New York, N. Y.

TEETH *sparkle* GUMS *glow..*

WHEN CARED FOR THOROUGHLY —WITH *ALL THREE!*

• IT'S WONDERFUL what a difference patients notice after proper home care of the mouth—with products scientifically adapted for the purpose.

PYCOPÉ Tooth Powder is "Council-Accepted." Its CLEANSING ACTION is practically 100%. So is its SOLUBILITY. It has no soap, no glycerin. The salt, of its salt-and-soda base, is sifted to eight times the ordinary fineness and is in complete solution within 30 seconds. It is also 100% SAFE. It has no sodium perborate, no grit, no dangerous drugs. And it WILL NOT MAT a toothbrush!

PYCOPÉ Brushes excel for interdental brushing. The small head reaches every part of the mouth. The straight brushing plane insures contact with every surface of every tooth. And the rigid handle and stiff bristles permit controlled action at all times.

Both are products you can conscientiously prescribe, feeling assured that they will benefit your patients.—PYCOPÉ, Inc., 2 High Street, Jersey City, N. J.

Pycopé

PY·KO·PAY

ETHICAL PRODUCTS WORTHY *of* YOUR PRESCRIPTION

HOW YOU CAN TRY
S. S. WHITE FILLING PORCELAIN IMPROVED
WITHOUT COST OR OBLIGATION

1 Order a "New User Package" from your Dealer or Salesman.

2 Open the package; use the contents of the Powder and Liquid bottles marked "Free Trial."

3 If these meet with your approval, accept the $16.65 charge for the "New User Package." If the trial Powder and Liquid do not convince you that Filling Porcelain Improved is superior to any "silicate" you have used heretofore, return the remainder of the "New User Package" *intact* and receive full credit.

ORDER NOW!

Free trial offer

S.S. WHITE FILLING PORCELAIN IMPROVED

"NEW USER PACKAGE"

VALUE $24.00 **PRICE** $16.65

CONTENTS

6 Powders

1 full portion (½ oz.) each

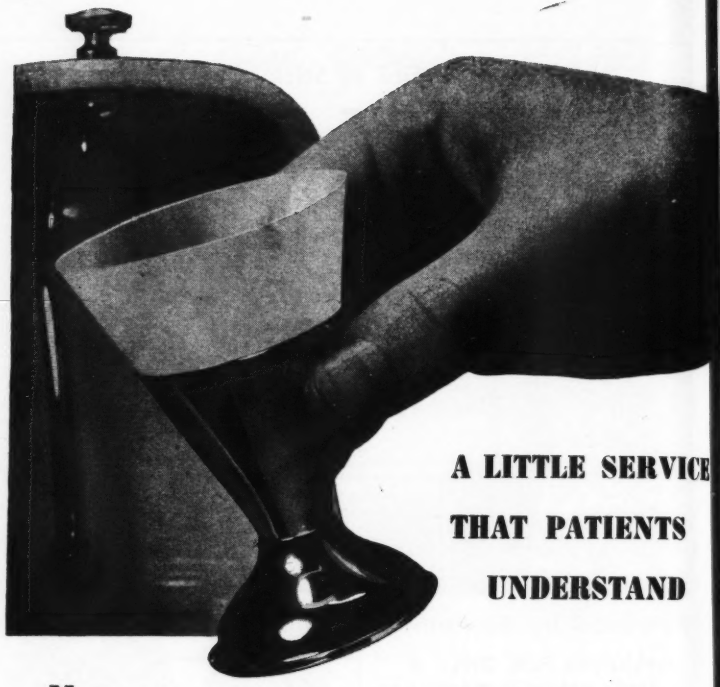
No. 20 Pale Yellow

No. 21 Light Yellow

No. 22 Yellow

No. 23 Pale Yellow-Gray

No. 24 Yellow-Gray



A LITTLE SERVICE THAT PATIENTS UNDERSTAND

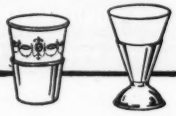
MANY of the miracles of modern dentistry are not understood by your patients. People come to you because they trust you to find and correct their dental faults. How you find them and how you correct them are not known to them.

One of the least expensive things that you do to help create a feeling of confidence is the paper cup on your cuspidor. That is a little thing that people know is important. It is an individual service—for one person alone.

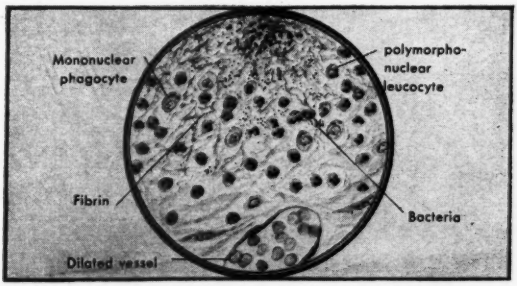
There are two types of Dixie-Vortex Paper Cups for dentists. The Vortex Cup is firm, white and pleasant to use. A new design helps to identify it as a better cup. It is cone-shaped and nests in very little space. The Dixie Cup has a flat bottom—rests anywhere without a holder. It has a comfortable rolled brim. The familiar Dixie design is known and recognized everywhere as a sign of quality and safety. Ask your paper supply man to show you both types. Dixie-Vortex Company, Easton, Pa., Chicago, Ill., Los Angeles, Cal.

DIXIE-VORTEX

PAPER CUPS



BARRIERS AGAINST SYSTEMIC INVASION FROM ORAL FOCI—NO. 1



INFLAMMATION brings a multitude of phagocytes to the site of infection to destroy pathogenic organisms and attempt to check their spread. Bacteria, however, frequently overcome the natural defensive forces and, if the body's resistance is low, may invade the entire system.

Colonic Hygiene

HELPS MAINTAIN RESISTANCE

The dentist finds that routine use of SAL HEPATICA helps eliminate one of the common causes of lowered resistance—the waste-laden bowel. By providing FLUID BULK in the intestines, it stimulates gentle peristalsis to quickly flush wastes from the colon. The mineral salts combat excessive gastric acidity and, by inducing free flow of bile, aid digestive processes.

SAL HEPATICA resembles the action of famous mineral spring waters and makes a zestful, effervescent drink. Samples and literature available upon request.

SAL HEPATICA

Flushes the Intestinal Tract and Aids Nature Toward
Re-establishing a Normal Alkaline Reserve

BRISTOL-MYERS COMPANY

19-L West 50th Street New York, N. Y.

Prescriptions, Please!

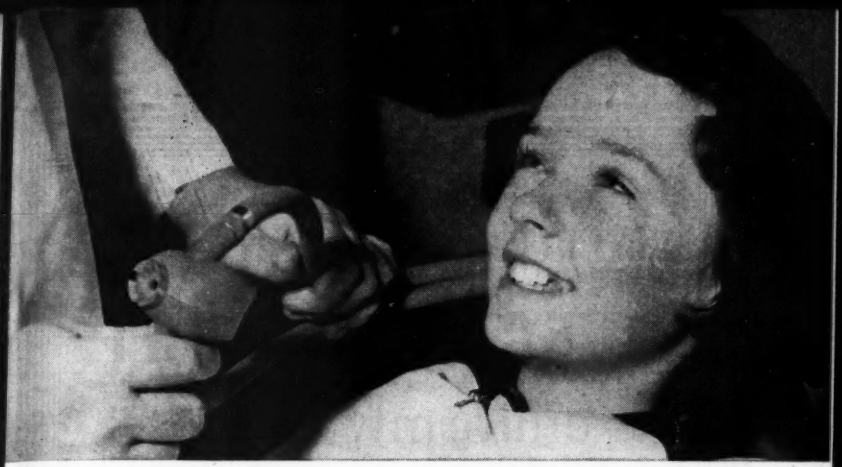
MASSO 2-ROW

has a *small* brush head . . . exactly one inch long. Its extra-hard, unbleached, *genuine* bristles have the necessary resilience to do a really effective cleaning and massage job. They are set in two rows of six widely spaced groups. No tooth brush has been more carefully designed to accord with modern thinking on brushing technique.

It has never been advertised to the public. It is, and always has been, a purely "ethical product". . . publicized *only* through dentists. So we solicit your prescription of Masso 2-Row to your patients. It is sold at almost all drug counters for 35¢.

Pro-phy-lac-tic Brush Co.

Florence, Mass.

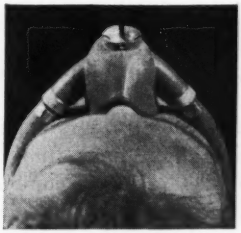


"My visits are pleasant now, Doctor"

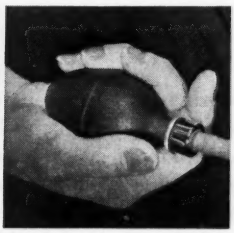
An unafraid, confident child patient is a tribute to the dentist and a regular patient for years to come. Dentists who are using modern analgesia administered by the McKesson Easor have found it particularly successful in eliminating fear and apprehension from the minds of their patients, both young and old.

Youngsters who have received dental treatment with the aid of McKesson analgesia have learned that dental care need not be a dreaded, painful experience. The Easor makes routine operative procedures easier for the patient.

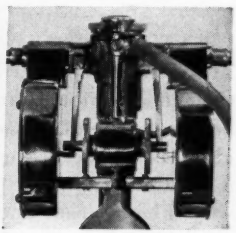
Children as well as adults readily cooperate in the use of the Easor. The technique is extremely simple and the machine has many advantages entirely new to analgesia equipment.



The nasal hood is cushioned so that it involves no discomfiture and is designed so that the *air port is always open.* Regardless of the dosage being administered, the patient breathes a liberal volume of natural air with every inhalation.



It takes but a few moments to instruct the patient in the use of the patient control bulb. By pressing this bulb the patient permits a small volume of nitrous oxide to reach the nasal hood. Thus analgesia is always under control of the patient.



The above illustration shows the automatic dosage control, which automatically limits the amount of gas that can reach the nasal hood, regardless of the frequency with which the patient control bulb is manipulated—an important feature.

You can appreciate the advantages of nitrous oxide analgesia only by becoming familiar with the Easor. The coupon or your card will bring you complete details.

McKESSON APPLIANCE COMPANY, TOLEDO, O.
Please send me descriptive literature on the new Easor.

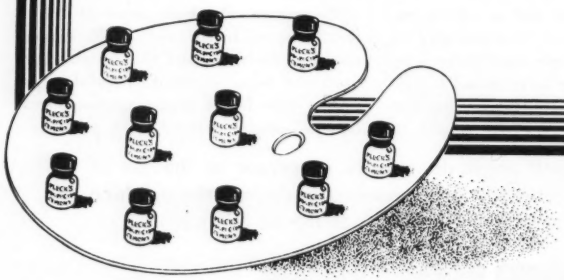
Dr. .....

Address .....

City ..... State .....

O.H.5-9

In all of its shades **FLECK'S CEMENT** is uniformly strong... dense and adaptable



The accredited properties of Fleck's Cement are uniquely uniform in the broadest sense of the word, because all Fleck's shades are produced from a *standard* sno-white base. That's why Fleck's can unconditionally guarantee that every batch is uniform in all of its colors . . . and each color is uniform in every batch!

The full range of Fleck's shades, from sno-white to golden brown, prove identical crushing strength, setting time, and film thickness in tests conducted in accordance with A.D.A. Specification #8. Therefore, the spatulation technique may be constant for all of its colors, and the doctor may be assured that all Fleck's shades or shade combinations are equally strong, dense and adaptable.

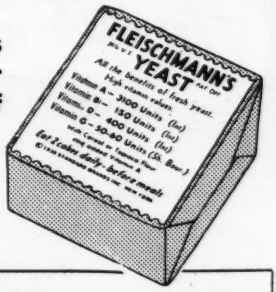
Over a thirty-five year period in clinics, hospitals and offices, doctors have proved for themselves, and *you* that Fleck's is the most efficient, *permanent* cementing medium for all classes of restorations. Fleck's is sold at all dental depots.

MIZZY, INC • *DISTRIBUTORS* • 105 EAST 16th STREET, NEW YORK

NEW HIGH-VITAMIN YEAST

An economical supplementary source of 4 vitamins, A, B_1, D and G

This one food provides an excellent supply for a daily expenditure of just a few cents



THE price of a vitamin concentrate is frequently a real economic problem for many families.

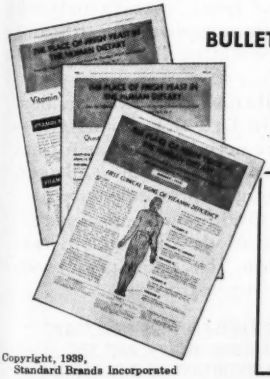
Moreover, many vitamin preparations supply only one or two vitamins. In cases of multiple deficiency, it thus becomes necessary to prescribe two or more different vitamin preparations, a strain on many family budgets.

With Fleischmann's new High-Vitamin Yeast it is possible to purchase a supplementary source of 4 important vitamins —A, B_1, D and G—at the cost of only a few cents a day.

2 cakes of Fleischmann's new High-Vitamin Yeast eaten daily supply:

VITAMIN A—6200 Units (Int.)
VITAMIN B_1—300 Units (Int.)
VITAMIN D—800 Units (Int.)
VITAMIN G—100-120 Units (Sh. Bour.)

Fleischmann's Yeast is not a drug —it is a *fresh food*. In addition to its vitamin content, the fresh yeast offers help to slow digestion and poor elimination.



BULLETINS FOR DENTISTS AND DOCTORS . . .

prepared to help the busy practitioner keep abreast of the more significant work on vitamins and related subjects. We will be glad to send you these bulletins as issued without charge. Just fill in the attached coupon.

Department of Applied Research OH-5
Standard Brands Incorporated
595 Madison Avenue, New York, N. Y.

Please put my name on your mailing list to receive issues of "The Place of Fresh Yeast in the Human Dietary."

Name_____

Address_____

City State

When a patient's gums are tender, advise this protecting food as the basis of a liquid diet

WHEN extensive operative work leaves a patient's gums sore, making mastication difficult, dentists are widely suggesting Ovaltine as the basis of a liquid or semi-liquid diet.

This "protecting" food-drink has many advantages for the dental patient. In the first place, it is readily digestible and highly nutritious, supplying food-factors needed to sustain energy.

Second, it supplies a wide *variety* of protective factors (*including Vitamins A, B_1, D and G; Calcium, Phosphorus and Iron*)—thereby helping to maintain a patient's health and directly benefiting the nutrition of the teeth.

It is well known that an abundance of Vitamin D, Calcium and Phosphorus are necessary for the formation of secondary dentine at all ages, thus helping to protect the teeth.

Advise Ovaltine when patients inquire what foods contribute to dental nutrition. Your patients will welcome the suggestion.

OVALTINE SUPPLIES FOOD-FACTORS NECESSARY TO GENERAL HEALTH AND THE PROPER NUTRITION OF THE TEETH

VOL. 29, NO. 5

Oral Hygiene

MAY
1939

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What your dentist can do for soft, tender, bleeding gums is worth many times his fee . . .

THE ORIGINAL TOOTH PASTE FOR MASSAGING GUMS AND CLEANING TEETH

Do Both Jobs! AID YOUR GUMS WHILE YOU CLEAN YOUR TEETH

DOUBLE-ACTION TOOTHPASTE AIDS GUMS AND BRIGHTENS TEETH

MASSAGING your gums twice every day—when you brush your teeth—is very important if you want brilliant teeth and a sparkling smile.

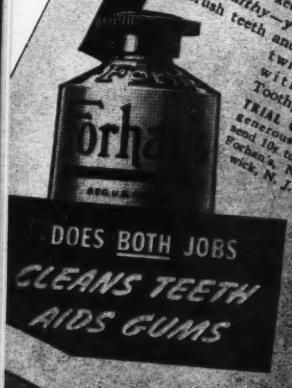
Forhan's does *both* jobs. It cleans your teeth safely and effectively—and, *in addition*, Forhan's and massage aid your gums.

Massaging gums with Forhan's helps keep them firm and healthy—and healthier gums mean brighter teeth!

Cooperate with Your Dentist

What your dentist can do for soft, tender, bleeding gums is worth many times his fee. But even his expert care can fail—if you neglect your job at home. To help your dentist keep your gums firm and healthy—your teeth bright—brush teeth and massage gums twice every day with Forhan's Toothpaste.

TRIAL OFFER—For generous trial tube, send 10¢ to Dept. 000, Forhan's, New Brunswick, N. J.



This statement is appearing in every Forhan's advertisement to the public . . . in leading national publications—month after month.

For professional samples, write Dept. 17, Forhan Div., Zonite Products Corp., Chrysler Bldg., New York City.

Forhan's

THE ORIGINAL TOOTHPASTE FOR MASSAGING GUMS AND CLEANING TEETH

FORMULA OF *R. J. Forhan D.D.S.*

My Experience Under GERMAN HEALTH INSURANCE

by THEODOR BAUM, D.D.S.*

MY EXPERIENCE IN dental practice in relation to the German system of health insurance dates back to 1920. At that time I began practice in a town of 35,000 as an assistant to a dentist who had a mixed clientele. By this I mean that he had private patients and insured patients from the group known here as "the white collar" class. These people in Germany belonged to the *Ersatzkassen*, a semi-voluntary insurance group, which I will explain later. This association included a wide range of incomes, from the meager stipend of the apprentice to the more substantial salaries of executives and managers engaged in office work. These workers were considered a more financially dependable type of patients than those in the local insurance society to which 10,000 belonged at that time.

After discontinuing my connection with my colleague I kept on with the same type of dental practice having private patients and the insured members of the *Ersatzkassen* who came to my office for their treatments. I would

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say that from one-third to one-fourth of my income came from my insured patients and the rest from private practice, up until the time I left Germany in 1933. The amount of insurance practice I had was relatively low, as I know many dentists operated under just the reverse ratio receiving the major portion of their income from insured patients.

Right after the war the older dentists and physicians disliked taking care of the persons insured in the local insurance societies, which carried on their rolls people in the lower income classes and many types of industrial workers. These societies were short of money and the salaries were low.

Experienced practitioners liked to serve patients from the *Ersatzkassen,* who were less subject to accidents and sickness from exposure and had better salaries. You will understand this attitude when I tell you that a dentist would have to place several amalgam fillings for a member of a compulsory health insurance society before he made enough to buy a pound of meat.

Besides the compulsory health insurance there existed private or voluntary health insurance on a purely capitalistic or mutual basis of the same kind as in the United States. This type was patronized by the middle class, small business men, independent craftsmen, teachers, and higher officials.

It is well to keep in mind that when the German compulsory health insurance system was set up there were many mutual aid societies, guilds, trade unions, and similar groups already organized that became health insurance societies. This is the reason there were so many different types and sizes of societies included in the system. In 1923 we had 2,440 local health insurance societies with a membership of 11,826,278. For the rural districts there were 471 with a membership of 2,080,740. The big industrial enterprises had societies of their own. There were 4,361 societies of this kind with a membership of 3,852,356; and 808 guilds with a membership of 352,648. Altogether that gives 8,080 societies with a membership of 18,112,022. Besides these there were 1,071,772 insured persons in the mining societies, and 815,610 in *Ersatzkassen.*

The main principle on which the German health insurance system is based is, of course, the payment and the return or, as you might say in this country, the premium and the benefits. The insured person and his employer are both obligated, and eventually forced, to pay regular cash dues. The employee's portion must be removed from his pay check by his employer and transferred to the health insurance society. In case of sickness the insured person has a public legal claim, ac-

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Included under the German compulsory health insurance program are laborers, apprentices, servants, employees in stores, musicians, actors, sailors, and executives, whose earnings do not exceed a certain specified maximum.


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cording to the specifications laid down by law. This refers to the regularly constituted insurance societies, however, not to the members of the *Ersatzkassen*. This company as such was independent in the frame work of the social security laws.

The supervising administrative office watched over the proper execution of the legal regulations of health insurance in Germany. There were three types of administrative offices or courts, the local, state, and federal. The lowest court made the decisions about local complaints and controversies among the parties concerned. In this administrative court, the chairman was an official of the town or the county and he was assisted by twelve committee men. Half of these were representatives of the employers; the other half elected by the insured persons. Here the unions played quite an important rôle being sufficiently influential to elect their own representatives. A physician or dentist could be elected to represent either the side of the employers or the insured persons. The state office was a court of appeal, and the federal office dealt with the legal interpretation of principle questions.

Ersatzkassen was a substitution for the compulsory health insurance in which the association was created on the basis of mutuality. It might be called a semi-voluntary society. It was organized on a nation-wide basis and had branches in most of the principal cities, so the members did not have to change to another society when they moved to a new locality. The benefits of persons in this group had to be equivalent to those of the compulsory societies but usually surpassed them. The membership of this group, at the time I was in Germany, was restricted to employees in certain offices or businesses, and the organization was democratic depending on the wishes of those insured. (In my opinion this is the type of organization that could be developed to the best advantage in the United States because it gives members the most freedom of choice and self-government.) The claim of the insured person in the *Ersatzkassen* was a private claim, not a public legal right as in the case of those who belonged to the compulsory insurance societies. Controversies and claims between the insured and the association had to be dealt with in the courts of *civil* cases, not those of the societies.

Number Insured

About two-thirds of the whole population was insured in Germany after the introduction of family insurance. Originally the compulsory health insurance program included only the working man or woman but finally, before 1933, nearly 70 per cent of the insurance societies had accepted insurance for the dependents. Included in the compulsory insurance program were:

1. laborers, helpers, apprentices, servants.

2. managers, technical assistants, foremen.

3. employees in stores, saleswomen, office employees.

4. musicians, actors.

5. sailors.

The Secretary of the Department of Labor fixed the upper limit of the yearly income of persons obligated to insure themselves. Besides these groups of persons there were others who had a right to join voluntarily, those who were above the income limit, and who had been insured before, and those who had discontinued work. The fact that certain persons were permitted to join the insurance societies led to the practice of some home workers taking a position for a month or six weeks to get into the insured classes. Then they would stop work and they could not be put out of the societies.

To make clear the main groups among the insurance societies I might list them as follows:

1. local health insurance societies.

2. those for rural districts (farmers and helpers).

3. for larger industrial enterprises.

4. guilds for butchers, bakers, and similar groups.

5. for postal employees.

6. for railroad employees.

7. for employees of mines.

8. substitutions (*Ersatzkassen*).

In the various societies there was a slight difference between the dues paid by men and women, and the benefits varied also in some degree within the framework of the health insurance law. In all cases, however, the employer paid one-third of the dues, and the employee two-thirds.[1]

According to a by-law, there was supposed to be one dentist connected with a society for every 1500 members, but it did not always work out this way in practice, and there were plenty of controversies on this subject. Principally the societies were free in their choice of the dentists to be employed. In the beginning, arrangements were made individually between the society and the dentist, but later on certain types of associations of health insurance societies banded together to contract with physicians and dentists, and on the other side there were special dental and medical associations formed to represent and look after the interests of the practitioners. As time went on, agreements were made almost exclusively between these two representative groups, and controversies were dealt with by a coalition committee on which both the health insurance societies and the practitioners were represented.

If there was a contract between a dental society and an insurance society, a dentist could be admitted to practice for that society on the proposal of the local dental society. This transferred the fight over admission to practice to the ranks of the dentists. The dental society set up certain rules for admission, which soon became

[1]Falk, I. S.: European Health Insurance. ORAL HYGIENE 27:322-323.

a main point of controversy. It resulted in the opening of dental offices according to a plan; that is, the society decided how the dental offices would be distributed. Young dentists were advised by the dental society where to open their offices in order to be admitted immediately to practice. In certain exclusively industrial areas a dentist could not exist unless he had been admitted to insurance practice by permission of the dental society. Sometimes, however, the society would make the mistake of sending two dentists to one locality where there was only sufficient practice for one. I remember of such a case when I was on the committee of the dental society handling such matters. Of course one had to move away. But you can see from this that the dental and medical societies dominated the insurance practice at this time. If a dentist objected to the system, there were always plenty of others who would gladly take his place. Then, in 1933, all dentists who were war veterans were admitted by law to practice for the insurance societies. At the same time a political dentist, a leader, was appointed by the government to direct all the dental societies, so that gradually the societies came to have control only in minor local matters. All important decisions were made by the leaders.

For quite a number of years dentists generally were not much interested in health insurance practice, but the young dentists in industrial areas took up insurance practice to such an extent that it came to be a generally accepted method of practice.

Methods of Payment

Payment for health services was made in two ways, payment according to the single service rendered and in lump sums. Fees were generally fixed by agreement, sometimes by arbitrary enforcement by the government. Finally, the fee situation reached such a pass and there was so much dissatisfaction among dentists that we went on a strike against the *Ersatzkassen*. It was the old battle of the employer, in the form of the insurance society and the employee, the dentist, all over again.

I remember that the manager of our local insurance company was a staunch communist and when I had to deal with him I found that he employed the most ruthless methods of capitalism in managing the dentists. His communistic ideas disappeared when he became a manager and began to handle money and was dealing with practical matters rather than with theories.

The fees were paid by the insurance society to the dental society for all the dentists. If payment was made in a lump sum, the value of the single service was determined by certain points as a key number. The cash value of the point was figured out as follows: all practitioners turned in their bills every three months with the exact number of points according to the services given. The points

of all the dentists were added and then divided into the lump sum paid by the health insurance society. This system had an advantage for the insurance societies because they could balance their budgets easily. On the other hand, the dentists were supposed to discipline themselves and not give needless services because this brought the fees down. In this system of payment by lump sum, the companies accepted almost every practitioner without question, because they were not financially interested in what each dentist received. Where there was payment on the basis of the "single service" system, the dentist sent his bill to the office of the dental society every three months. The office checked the bills and forwarded them to the different health insurance societies.

Dental Clinics

In Berlin, Dresden, Stuttgart and other large industrial centers insured persons went to clinics or private offices for their treatments, whichever they preferred. The unions, however, as they became stronger tried to influence as many members as possible to go to the clinics to make them more successful. This of course formed a good basis on which to develop domination of the insurance societies later on by the unions and the government. Where the clinics were in use, the insurance society established and equipped its own dental clinics and became its own contractor. It bought the necessary materials, had its own laboratory, hired all the personnel, including the dentists who were paid monthly salaries. As a rule these clinics did not try to profit, but in an attempt to economize many times the more highly trained practitioners were not hired. It was rare to find that both the clinics and the treatment of insured patients in private dental offices could be carried on successfully in the same locality except in the largest cities. In industrial areas and smaller communities the clinics meant economic death to the independent dentist, or he had to become a salaried employee of the health insurance society.

The insurance societies were anxious to make the dental services conform to their available means; that is, they wanted a high type of service at the minimum price. The dentist wanted to give good service and receive an appropriate payment which would mean a profit to him. In this question, it was not the law of supply and demand that determined the fees, because in the larger cities and towns generally the supply of dentists was greater than the actual demand. It was a question of power. The health insurance societies were a strong, influential, and well organized group of consumers and were in a position to use their power to dictate fees. Their attempt to do this in one instance led to the strike of dentists against the *Ersatzkassen*, which I mentioned before.

Approximately 20 per cent of the total expenditure for health care under the German system went for dental service. To get down to individual expenditures, one local insurance society in Berlin paid 1.25 marks per capita per year for dental service for its members. No gold could be used in any treatment given and there was no prosthetic service provided. The service given included treatment of mouth diseases, extractions, amalgam-silicate fillings, root canal treatments, minor oral surgery, roentgenograms by approval of the insurance society. One-third of the cost of vulcanite dentures was paid after application to and approval by the health insurance society if more than five teeth were missing in one jaw; one-third was paid by old age insurance; and one-third by the patient. In the early days of insurance practice I remember that extractions were made without injections. Later on the insurance companies permitted the use of procaine to ease the pain. But there were some managers who liked to save money. One of them said to me one day, in speaking of a patient I was treating, "This man can stand it. Just pull his tooth without using anything." I objected and said that I had the means to perform a painless extraction and wanted to use it, but he could see no sense in having the extra charge made when he didn't consider it necessary.

In some cases the insurance society would refuse to pay any part of the fee if a patient wanted to have gold used and was willing to pay the difference between an amalgam and a gold restoration. They would not even allow him the amount that an ordinary filling for the tooth would have cost; if he wished to have a gold crown he had to pay the entire charge himself. In my opinion, this was very unwise because if a man was willing to spend money so he might have better dental service, he should have been encouraged. Instead, he was penalized by the insurance society, which indicates clearly the type of mentality that some of the managers had. Then there were the instances of dentists trying to make a profit on patients by recommending more expensive materials used in restorations than were provided so the patient had to pay the difference or the regular fee for private patients.

Comments on Insurance

My observations of the operation of the health insurance system in Germany led me to believe that from the national economic point of view the system was beneficial as more patients could be cared for, but there is little doubt that the individual services were of lower quality on the average than those given in private practice.

In theory, the highest ideal in social security is health insurance, not only from the point of view of the national economy but for the economic security of the individual member of society.

Originally the German health insurance program provided for members of the same trade. This selfish, limited purpose has been changed to a social basis by legislation.

In general health insurance can be private or public; that is, compulsory. It can be carried out on a capitalistic basis or mutually. Without such a system, in the case of disability, the employer fires the sick employee, and he becomes a burden on charity or some public welfare organization, and at once the government must become concerned in his welfare. As long as a capitalistic economy works smoothly and provides for the majority of the laboring class, health insurance is more or less a private affair subject to individual wishes. As soon as the capitalistic system for a period of time is out of order the government, in defense of its national life, must step in. Health insurance becomes a necessity in contradiction to the individualism of the capitalistic order and is unmistakable proof of the inability of the leading men in the capitalistic system to apply their system properly and efficiently. Health insurance is regrettable from the point of view of capitalism, liberalism, and individualism, but inevitable from a moral angle and from the point of view of national health, efficiency, and prosperity.

Here I should like to add a word of warning to Americans. It would be a great mistake for this country to adopt any of the health insurance systems exactly as they are set up in Europe. The United States has a type of economy different from that of European countries, and the American citizen has been trained to a more independent way of thinking and acting than the average member of European society. A health insurance system to succeed in this country should be based on American not European principles. J. Douglas Brown,[2] Chairman of the National Advisory Council on Social Security, in a recent article, has expressed this idea effectively in these words:

> Contributions to insurance systems involve the diversion of a part of wage income from the purchase of tangible goods and services to the purchase of security. New charges upon wage income, whether direct or indirect, should not be added more rapidly than such diversion is acceptable to a majority of our people. *Democracy requires a slower tempo than totalitarianism.* No matter how desirable contributory insurance may be, the share of income it absorbs must not crowd too closely the other uses of normal earnings. The timing of the introduction of health insurance, the next step demanded in a constructive social security program for the United States, is a delicate problem of political economy. The answer cannot be made by technicians and legislators alone, but by the American people as a whole. Social insurance as a means of sustaining democratic capitalism should itself be developed through democratic processes.

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[2]Brown, J. D.: Some Inherent Problems of Social Security, The Annals of the Am. Acad. of Pol. and Soc. Sc. 202:7 (March) 1939.

A Professional Building FOR THE DENTIST

by L. MORGAN YOST, A.I.A.*

THE SEPARATE SMALL building is frequently the solution to the problem of where and how to house the dental practice.

In many towns all available existing office space is old and outmoded—frequently cheerless. Or the streets may be crowded so patients find it difficult to park their cars. Or the aged and infirm may hesitate to call because the office is several flights of stairs up from the street. Or it may be that available space is so expensive that it becomes wiser to apply part of the rent money to payment on real property.

Even though the foregoing factors do not enter into the decision, pride of ownership alone may be the determining factor.

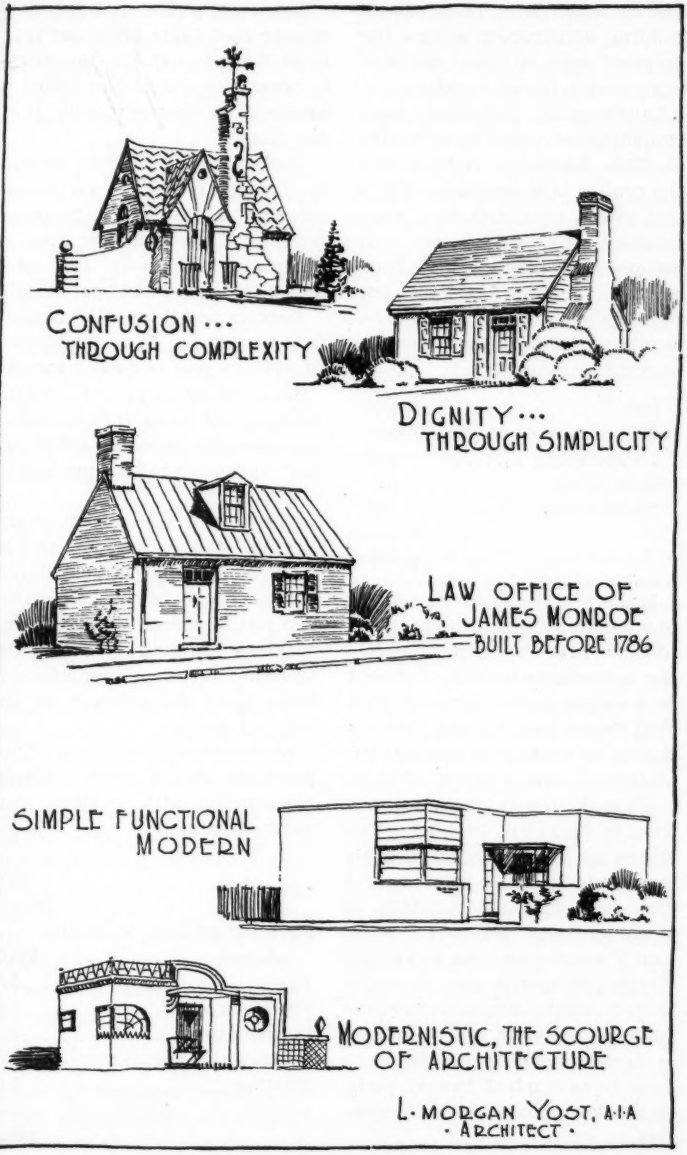
Naturally, since the dentist is a professional man, the cost or value of advertising or publicity cannot be budgeted. But conscious, dignified effort in this direction, by means of the individual office building, is far from unprofessional and is reflected in the pecuniary side of the practice.

Existing office space must be adapted to the specialized needs of the dental practice. So many laboratories are cramped, artificially lighted closets. Operating rooms are poorly lighted or in direct view and hearing of the reception room. X-ray dark rooms do double duty as coat closets. Most operating rooms are too small, creating a claustrophobic reaction in the susceptible patient. In short, most of the inherent inconveniences of adapted space can be eliminated in the designed spaces of the individual one-purpose building.

The conditions in the towns and cities vary so greatly that it is impossible to formulate rules as to costs, rents, or proportionate land values. But the hypothetical case budgeted below may serve as a guide as to what factors must be considered. The point of comparison is, of course, the monthly rent the practice can afford, as against the prorated monthly cost of the building.

We will assume that the lot will cost $1000. In cities this may be greater by several times, in villages possibly less. A building 650 square feet in area constructed at a cost of $4.00 per square foot including the architect's fee will cost $2600. In the warm climates, where heating, insulation, and foundation requirements are less stringent, the cost per square foot

*Member of the American Institute of Architects


CONFUSION ···
THROUGH COMPLEXITY
DIGNITY ···
THROUGH SIMPLICITY
LAW OFFICE OF
JAMES MONROE
BUILT BEFORE 1786
SIMPLE FUNCTIONAL
MODERN
MODERNISTIC, THE SCOURGE
OF ARCHITECTURE
L·MORGAN YOST, A·I·A
· ARCHITECT ·

will be much less. Then, too, a building constructed within the fireproof zone of a city will cost more than a frame structure.

Landscaping, including lawn and shrubbery, may be estimated at $200. Assuming further that the project is to be financed by a real estate loan, and fees, commissions, tax, and so on, may amount to as much as $150. Incidentals, such as gas main and building permit, may account for another $50.00. So the tabulation of costs runs as follows:

Lot	$1000
Cost of Construction	2600
Landscaping	200
Cost of loan	150
Incidentals	50
	$4000

If the practice is an established one, and one-fourth to one-third of the cost of the land and building is available in cash, it should be a simple matter to negotiate a real estate loan for the remainder, to be paid off in monthly installments over a period of years.

To make the example simple a loan of $3000 will be used in the following calculations. Monthly payments to cover interest at 6 per cent and amortization of principal over a period of 11 years and 7 months amount to exactly $10.00 per month per thousand dollars. Most loans nowadays are made at less than 6 per cent and it is quite possible to extend the time to as much as twenty years, so our example is the most rigorous.

Taxes are put in at 2 per cent of appraised value, $80.00 per year or $6.66 per month. Fire insurance to cover the cost of the building amounts to approximately $1.25 per month.

Depreciation should be figured in, though it entails no actual monthly outlay. For a fireproof building 2 per cent per year is generally figured—in this case $52.00 per year or $4.33 per month.

Repairs and decorating constitute a variable figure estimated at $48.00 a year or $4.00 a month.

In some parts of the country heating will be no item, in others considerable. Probably $36.00 per year—prorated to $3.00 per month—is average

The item of lost interest on the original cash, or "equity," at 2 or 3 per cent is purposely ignored, because it may be considered that this return comes later when the property is paid for and the amount saved is considerably more than the interest on the original equity.

So the monthly expenses of this privately owned office building, constructed with a $3000 loan, work out thus:

	Per Month
Payment on loan, including interest	$30.00
Taxes	6.66
Fire insurance	1.25
Depreciation	4.33
Repairs and Decorating	4.00
Heating	3.00
	$49.24

In this case, then, the advantages of the individual building are feasible if the practice has been paying or can afford a monthly rent of $49.24. It must be realized, too, that an increasing portion of the monthly loan payment goes to the ownership of real estate property, and is not forever lost, as in the case of rent.

The items of gas, water, and electricity, in the case of rented quarters, are usually paid separately so are not included in the tabulation.

Should the prospective owner be in the fortunate position of having enough cash to finance the building completely — cash which is difficult nowadays to invest productively — the present rent budget need not be so large in order to make the individual building a wise move. It is obviously cheaper to use one's own money at a loss of interest of 2 or 3 per cent than it is to borrow money at 5 or 6 per cent. And, too, it is not then necessary to pay back borrowed capital—with attendant monthly regularity.

Since the area of the lot need not be large, a plot of ground otherwise unusable may be purchased reasonably in many instances. The rear portion of a corner lot may be utilized so the office faces a side street. Or part of the lawn belonging to an old mansion at the edge of the encroaching business district may be available. A small triangle formed by the acute intersection of two streets may be too small for a store or filling station, but ample for a single unit professional building.

Dignity should be the keynote of the design of the building itself. This dignity can best be obtained by a simple straightforward design with great attention paid to "scale." Scale is that quality of a building which determines its apparent size as compared to its actual size. A "doll's house" appearance, a result of faulty scale, is inevitable if the windows, door, or chimney are smaller than is customary in relation to the size of the human figure. Though the building is small, its component elements, within reason, should not be. The number of various elements should be reduced, not their sizes.

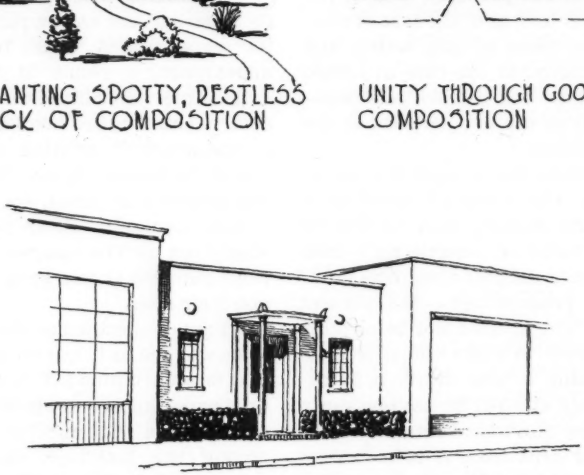
Tricky or spectacular design is to be avoided as it has no dignity and is soon outmoded. A design predicated upon quiet good taste will assume its rightful place among the buildings and the opinions of the community.

In the earlier days of our country small office buildings, in the colonial vernacular of the locality, were frequently used by lawyers or physicians. Some were located close to the residence of the owner, others on the main street of town. They serve as admirable precedent, not to be copied literally, but rather to be studied for their dignified and honest spirit.

Certainly the possible style of the building need not be limited to a phase of the colonial. First should be considered the antecedents of the community itself, its history, its existing and neigh-

PLANTING SPOTTY, RESTLESS LACK OF COMPOSITION

UNITY THROUGH GOOD COMPOSITION



PRIVET HEDGE GIVES INTEREST TO RESTRICTED SITE

L. MORGAN YOST, A-I-A
-ARCHITECT-

boring buildings, and even the terrain and the vegetation. A Cape Cod building looks ridiculous among palm trees!

The rightful style for the building might be the modern, since the development of dentistry, as we know it, is comparatively recent. It may even be argued that, since the closest approach to a dental operating room in colonial times was the barber shop, it is anachronistic and a travesty upon the profession to house its modern scientific activity in a colonial building. But that is the case of the rigid purist and it hardly seems right to throw away our heritage in architecture because our unfortunate colonists used wooden dentures if, indeed, any at all.

But avoid, at any cost, the modernistic! Differentiated from

the tasteful modern by its angularity, its application of streamlining to a motionless object, its use of all the modern materials that its unfortunate epidermis will hold, the modernistic is the shame of our generation. Would that its progeny could sink into the earth so that ours will not judge us so harshly!

Though the importance of dignity has been stressed, a forbidding quality should be avoided. It is a psychological fact that a person does not like to enter where he cannot first see in. A large window, possibly a bay, on the street side of the reception room, or a clear glass in the door itself, reassures the timid soul.

Landscaping

And by all means have something growing, something green, even if it is limited to a few geraniums in a window box. If the building must be placed between two other business buildings, it may be practical to set back the facade about eighteen inches to allow room for a clipped privet hedge along the walk. In this instance the added interest obtained by the setback and the greenery will more than offset the slight lack of visibility.

A small courtyard may serve the same purpose if the frontage is wide enough to use an L-shaped building.

In the case of a free-standing building with lawn surrounding it the problem of space for shrubbery is easily solved, but the problem of its spacing and composition is more difficult. Avoid the spotty, disjointed composition. It is far better to have one or two full clumps standing close to the building and tying it to the ground. Let the lawn area be continuous and restful, not pockmarked by bushes or evergreens. As a last caution, do not use the pyramidal or Christmas tree type of evergreens—they are difficult to compose.

Working with the Architect

It is well to consult the architect before any commitments are made. He will be glad to talk to you, to explain how he works, to give valuable advice about the site you have in mind.

Do not expect the architect to run after you. His code of professional ethics is substantially the same as that of the dentist. He should be selected just as the dentist's patients select him—on recommendation or past performance plus personal compatibility.

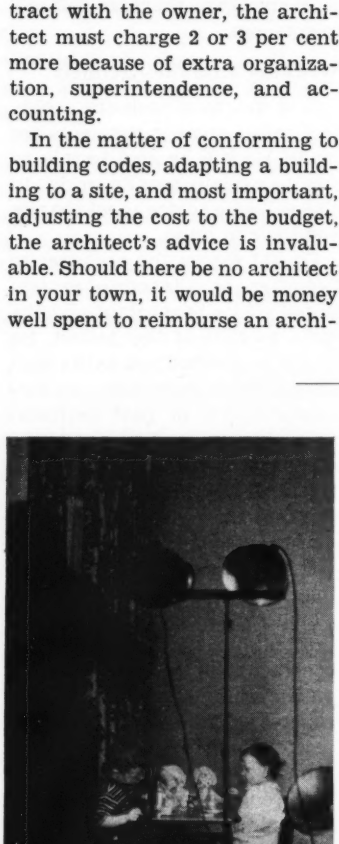
When the architect has been retained he will make designs, working with you as to the requirements, until all have been met. Then he makes legally binding drawings and specifications which, when finished and blueprinted, are placed with various contractors for competitive bids on the work. The architect then supervises the work of the successful bidder and keeps accounts. In short, he acts as your representative to assure you that the building is esthetically, structurally, and economically successful.

The fee which the architect charges for these complete services on a small building is properly 10 or 12 per cent of the cost of construction, depending on locality, if the work is done under a single general contract. Should the work be done on a separate contract basis, under which each trade constitutes a separate contract with the owner, the architect must charge 2 or 3 per cent more because of extra organization, superintendence, and accounting.

In the matter of conforming to building codes, adapting a building to a site, and most important, adjusting the cost to the budget, the architect's advice is invaluable. Should there be no architect in your town, it would be money well spent to reimburse an architect from a neighboring town for his time and travelling expenses to advise you before, not after, you have spent money for a site. The architect is just as interested in making your building, however inexpensive, a gem of architecture as you are in having it so.

Though to build or not to build may be the question, the answer rests with the dentist. Is the income from his practice stable? Will pride of ownership assure the sightly maintenance of the property? Our boldly assumed set of conditions will vary greatly for each particular case, though the principles remain the same. And whether you build or rent it costs you money so it is up to you to take your choice.

Wilmette, Illinois



THE COVER

This month, ORAL HYGIENE's cover carries a natural color photograph reproduced from a Kodachrome original. The photographers were Homer and Dorothy Sterling of the ORAL HYGIENE staff. The children are Charlie and Ann Tanner who posed also for last year's Child Health Month cover.

To obtain the color photograph used this month, eighteen different pictures were taken.

The black and white photograph at the left was made while Homer Sterling was shooting one of the color photographs.

New York Previews

WORLD OF TOMORROW

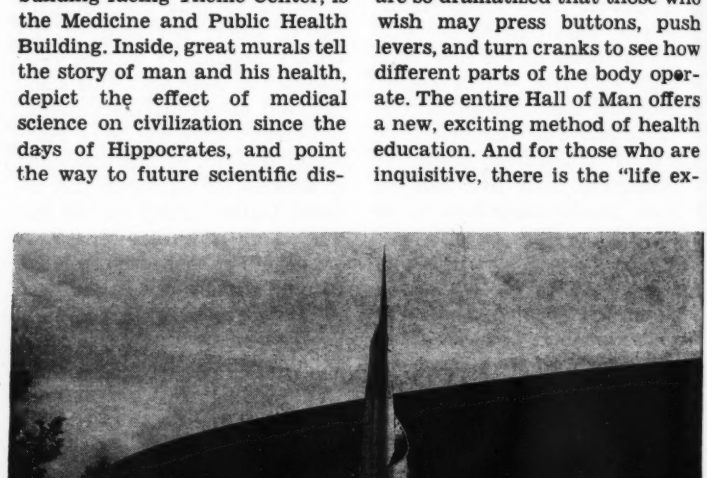
ON THE LAST DAY of April in the year 1789 George Washington walked up the steps of Manhattan's old Treasury Building and took the oath of office as the first President of the United States. This year that stirring event is commemorated by the New York World's Fair 1939, which opened in Flushing Meadow Park far out on Long Island on the thirtieth of April. A sculptured figure of Washington, sixty-five feet in height, representing him as he appeared on that historic day, dominates Constitution Hall and the Fair's 1200 acres.

Out of the remote past, George Washington looks down on scenes at the World's Fair giving concrete evidence that Americans have come a long way since that day 150 years ago when he entered the city in triumph. New York's population of 40,000 and all other Americans were wholly absorbed, then, in establishing freedom for themselves and for their children. Today, the Fair reveals that they have broadened their interests to include the affairs of all nations. The United States Government, the Pan-American Union, the League of Nations, and sixty foreign nations have cooperated with the officials of the World's Fair to make Flushing Meadow Park, for six months, the center of international good will and understanding. Foreign governments have already contributed $31,000,000 to the Fair, and 500,000 guests from other nations are expected to visit the Court of Peace. Ninety per cent of the world's population will be represented in New York this summer. But unlike an international conference there will be no resolutions passed, no treaties made or broken, no ponderous discussions. Instead there will be unlimited opportunities for people of all nations to meet informally, become friends, and study each others ways and ideas. To add to the congenial atmosphere there will be twenty-five foreign restaurants in the pavilions of nations. Here visitors can find their own native foods and Americans, the exotic dishes they enjoy.

Although the New York Fair pays tribute to the past and reflects the American way of life today, its theme is the World of Tomorrow. It is symbolized in Theme Center by a trylon, a slender steel shaft that rises gracefully to a point 700 feet in the air, serving also as a radio station and air beacon. At its base is a 200-foot perisphere in which the major spectacle of the Fair will be shown. On two revolving platforms, suspended just below the

"equator" of the great sphere the show, "Democracity—the City of Tomorrow," will be reproduced every six minutes giving a thrilling, prophetic glimpse into the world of the future.

For professional men who are blazing trails into the science of the future, the World's Fair will have an unusual and wide appeal. One of the most impressive structures of the Fair, a triangular building facing Theme Center, is the Medicine and Public Health Building. Inside, great murals tell the story of man and his health, depict the effect of medical science on civilization since the days of Hippocrates, and point the way to future scientific discoveries. Based on the idea that "of all the wonders man himself is the most wonderful," the Hall of Man has been designed as part of the health exhibits. At one end of the cathedral-like Hall a man twenty-two feet tall emerges from a vast cosmic panorama. Visitors can hear his heart beat and, by special illumination, watch it function. Many other physiologic functions of the body are so dramatized that those who wish may press buttons, push levers, and turn cranks to see how different parts of the body operate. The entire Hall of Man offers a new, exciting method of health education. And for those who are inquisitive, there is the "life ex-



A stainless steel fountain in the modern spirit decorates a court outside the Medical and Public Health Building, New York World's Fair 1939.

pectancy" machine, a device with which they can check for the probable number of years ahead. To professional and laymen alike, the Carrel-Lindbergh artificial heart, being shown in the Hall of Medical Science, will be an important objective. And there will also be a modern operating room, completely staffed with surgeons and nurses and supplied with a patient (all dummies). Anesthesia will be administered here frequently to the patient and his nervous reactions recorded through a trans-illuminated box.

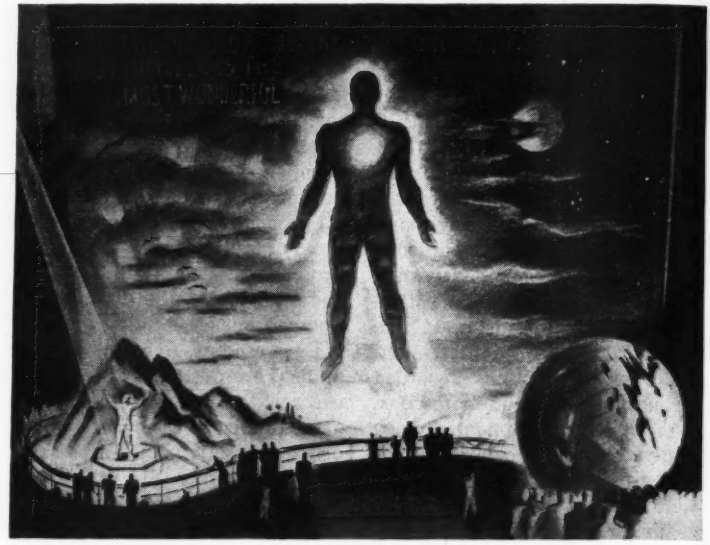
In the section of pneumatology professional men can study the new apparatus designed to prevent asphyxial death and see demonstrations of anesthesia, resuscitation, and oxygen therapy. This equipment will also be available for use on any guest of the Fair who needs such treatments. Practical applications of modern medical care will be demonstrated daily in the ten first aid stations, five air-conditioned ambulances, and a truck with portable x-ray equipment; all of which will be used for emergency treatments during the Fair.

Professional Club

A unique place on the main floor of the Medical and Public Health Building, the Professional Club, will have the vigorous approval of dentists, physicians, and their colleagues. It is a secluded, private lounge-bar designed exclusively for the comfort and use of members of the health professions, those who are tired and those who just want to chat. The wide kidney shaped lounge is attractively and modernly decorated and furnished with a circular bar. There are no dues and membership is open to accredited members of the American Dental Association, the American Medical Association, and other recognized organizations in the health professions. The Club is being operated under the direction of Doctor James R. Reuling, Jr., who is its president. Here the dentist and his friends from all parts of the world can meet in a congenial atmosphere for a long or a short drink and serious or not so serious discussions.

After a restful hour in his own Club, the professional man can again emerge to enjoy a walk along the shaded avenues of the Fair—on any of which he may encounter rickshaw runners from South Africa, dressed in feathers, horns, and beads; Indians from South America, or goldsmiths from Bagdad. If he wishes to ascend the parachute tower, he can get a magnificent view of the Fair, and bail out at 250 feet. Or if he is in a less adventurous mood he may want to wander over to the "farm" and watch the wheat grow. There in a five acre field wheat will ripen, be harvested correctly, and baked into bread—all during the time limit of the Fair.

At night, the practical realities of the World's Fair yield to vivid, colorful effects. Pastel tinted buildings are illuminated by mysterious, moving beams of light.



The heroic figure of a man emerges from the cosmic panorama at one end of the Hall of Man in the Medical and Public Health Building, New York World's Fair 1939.

Colored pillars of water shoot up from artificial lakes and spectacular water pageants are staged. Elaborate displays of fireworks are climaxed each night by the picturing of stories in the fire and lights on the Lagoon of Nations. In and out of the night clubs the music is lively and there are diversions of variety wide enough to suit the most cosmopolitan taste.

Throughout the Fair, which will last until October thirtieth, days are being marked in a special calendar of events for the observance of health and medicine in the World of Tomorrow. From May first to eighth will be dedicated to National Child Health Week. Certain days will also be designated for different professional groups. The first day of particular significance to dentists will be May ninth, the day named for the Dental Society of New York State. Near the end of the Fair, on October twenty-first, National Health Day will be commemorated. All of which indicates that the New York World's Fair 1939 is definitely stressing the professional and health aspects of American Life.

TOO FEW DENTISTS?

by LOUIS WACK, D.D.S.

I WONDER WHAT THE dentists on relief, I wonder what the dentists working on government projects for wages less than are paid to skilled mechanics on the same projects, would say in answer to Doctor George Schneider[1] who, in his article ARE DENTISTS TRAINED TOO WELL? in the March, 1939, issue of ORAL HYGIENE, advocates that dental hygienists be licensed to do "all types of restorations that a child may need up to school age." I wonder what the dentists, worried half-sick by debts incurred in the bringing up of families on the pitifully small proceeds from practices curtailed by the depression would say in answer to the frequently-heard suggestion that there should be more, but less-well-trained dentists, so that the fees for dental service may be reduced.

It is being shouted from the house-tops and dinned into our ears from all sides that millions of children and millions of adults are without proper dental service. We are supposed to stand aghast at the thought of what would happen if all these people were to decide suddenly that they would have dental service, under the remote possibility that the government might find a way to pay for such dental service. Why, there wouldn't be anywhere near enough dentists to go around, we are told.

Let's see now, one hundred and thirty million people in the United States—if they all wanted an appointment for half-past ten next Tuesday morning, wouldn't it be catastrophic, doctor? A plan must be devised, and forthwith. Nowadays, any dentist who hasn't at least one plan on tap is the worst sort of a reactionary, a person to be shunned by all social-minded men.

Then we are supposed to accept in blind faith the remedy for such a hypothetical rush of patients. Only, the remedy would not be hypothetical. Not by a good deal. The remedy would ruin the profession of dentistry. The remedy would burn down the laboriously constructed house to broil a hypothetical steak. Let hygienists place restorations in children's teeth, we are told. License young men with high school diplomas and no training in anatomy, bacteriology, histology, to do the "simpler" operative

[1]Schneider, George: Are Dentists Trained Too Well? ORAL HYGIENE 29:285 (March) 1939.

procedures. These men will probably be known as the plumber-dentists. (This, mind you, will raise the profession of dentistry in the public estimation.) The theory is that the patient cannot be infected with trench mouth or syphilis in the office of the plumber-dentist, because the latter has never had any training in bacteriology, and germs just don't exist for him.

And then, on top of this whole heap, there will be a superman (shades of Schopenhauer!) probably called the professor-doctor-dentist, who is to spend years and years in deep and profound cerebration, doing premedical, medical, predental, dental and post-dental studying, to say nothing of interning, externing, and even returning. Maybe about fifteen years of study after high school, or, better yet, twenty or twenty-five years.

This professor-doctor-dentist will strut around with a stethoscope in one hand and an electrocardiograph terminal in the other, saying to the patient, "Yes, yes, Mrs. Jones, I diagnose your case as incipient dementia praecox, complicated by slight cirrhosis of the liver and a mild cardiac dilatation, to say nothing of a slight case of dandruff." Mrs. Jones, not having been subject to the mass hysteria that seems to be afflicting the dental profession at that present moment, is just as like as not to sniff audibly and reply sourly, "Young man, if I want a medical diagnosis I will go to a medical doctor. Stop strutting around with your nose in the air and get to work pulling this aching molar."

Let us examine one of these proposed changes, that of licensing hygienists to place restorations in children's teeth. When I think this suggestion over, I come to the conclusion that I must be sort of a low-grade dental moron. If they're going to let hygienists place restorations in children's teeth, I guess it must be an easy job for them. But it isn't easy for me. It's a real man-sized job to have some little, scared, wide-eyed youngster dragged into the office by an impatient mother, undo all the reverse psychological conditioning that the mother and assorted relatives have been forcing into that child's mind, convince the little patient that the drilling doesn't hurt (much), jolly the tears out of the child's eyes, place the restoration, and have the patient go out of the office smiling and anxious to return for another treatment. Maybe that's so easy for some of you dentists that you think it ought to be handed over into the hygienists' province. But I think differently.

Even from the strictly scientific point of view, I believe it too is much more difficult to place a restoration in a deciduous tooth than in a permanent tooth. The large pulp chamber, the smaller area for retention, the smaller over-all size of most of the deciduous teeth, the inability of the patient to concentrate on co-operating—all these factors are

to be considered before we call operations on the deciduous teeth easy, inferior work.

Dental Training

Now let's think over this length of education affair, to be solved, they say, by having two types of dentists, plumber-dentists and professor-doctor-dentists. The question is one that is not peculiar to dentistry. Yet one dental author after another refers to it as though it did not apply to any other profession, as though it were totally unheard of outside of our own particular field. The ministry, medicine, the law, teaching—all are concerned with this problem. The fields of human knowledge, even within each individual profession, have been so vastly enlarged that the colleges have succumbed to the temptation to keep on increasing the number of years of study, until we have reached an untenable situation wherein it requires a very wealthy father and the best part of a boy's life before he can begin to try to support himself.

If dentists were to say to a parent, "I will repair your boy's teeth, but you will have to send him to me every day for ten or fifteen years," the curt answer would be, "Oh, indeed? I'll get some one more efficient to do the work." It is the same answer which parents will soon give to our inefficient educators who say, "Yes, I'll make your boy a minister or physician or dentist or lawyer in ten or twelve years after he has finished his high school course."

You see, our problem of long years of study is not our own specific dental problem, but it is concerned with all educational methods, which are pyramiding year after year, and thousands after thousands of dollars, upon the students' requirements, until finally and soon our unwieldy present day methods of education will, I believe, collapse under their own abnormal weight. Then new educators will arise who will be able to train a boy thoroughly for a professional career in a reasonable length of time.

Do we see the physicians advocating that some men be permitted to practice internal medicine after a shorter than the usual period of preparation, while the physicians restrict themselves to surgery only? Do we see the ministers requesting that there be a shorter period of study for some of their number, to offer up, perhaps, shorter prayers? Do we see the lawyers advocating a shorter term of study for the lawyers who are to take the less lucrative cases? We do not. Why, then, make of dentistry a guinea pig to be the object of an experiment which will surely have fatal results?

Let us not deceive ourselves. If we allow these "theoreticians" to stampede us into permitting hygienists to place restorations, and untrained men to do—to do what? Everything except extractions? Then our livelihood is gone. Don't let them throw the dust of specious but fallacious arguments

into your eyes and tell you that we need more dentists. We don't need more dentists. We need fewer dentists. Look at your own appointment book, with its expanse of blank appointments. Ask your friends in the profession. Have they been over-busy for the past ten years? Then use your own mind, and ask yourself the question, "Do we need more dentists?"

Remember, "To him that hath shall be given, and from him that hath not shall be taken even that which he hath." In other words, some members of the profession will wax fat on expensive, luxurious offices and the hiring of large numbers of plumber-dentists and hygienists to work in their "dental factories" while the boss, the professor-doctor-dentist, lolls at his ease behind his big mahogany desk, glancing over report sheets of last week's profits, and occasionally calling in one of the plumber-dentists to demand an explanation for the poor minion's having required an average of sixteen and a half minutes per amalgam restoration last week instead of the required maximum time of thirteen and a half minutes per restoration. Does the professor-doctor-dentist do any of the real work himself? Not by a long shot! No menial prophylaxes or restorations to be done by his lily-white fingers.

But what of you and me, the little fellows in the profession, the have-nots? Well, from us will be taken even the few amalgam restoration patients who are at present supporting us and our families. We will lower our already insufficient fees (and our standards?) to meet the price competition of hygienists' restorations and plumber-dentists' work, or be forced out of practice. I am sorry if I appear bitter about these proposed or suggested changes in dentistry, but I am trying to warn you plainly of the many dangers inherent in these fundamental changes in policy.

Another of the dangers, incident to allowing these pseudo-dentists to do dental work is the human certainty that, once this permission is legally granted, the hygienist-on-the-make and the plumber-dentists will continue to push forward into dental territory, even as the hygienists, first allowed to do prophylaxes, are now pushing or being pushed into the demand to do restorations. If this is permitted, the following step will be to allow the hygienists to place larger restorations, and the plumber-dentists will do extractions. "Why," Mrs. Jones will ask, "should I pay the professor-doctor-dentist five dollars for an extraction, when the plumber-dentist charges me only one dollar for a restoration? Let the plumber-dentist do extraction, and I'm sure he will do it cheaper!" Do you see the trend, gent!emen?

The time, fellow-dentists, to get excited about these proposed encroachments into our profession, is now. The time has come to put our collective foot down heavily and say in no uncertain manner, "Thus far and no further!" Let us

proclaim in unequivocal terms and in a stentorian voice, which can be understood by all, "Dentistry for dentists, and for dentists only!"

2877 *Grand Concourse,*
Bronx, New York

DENTISTRY AT THE SAN FRANCISCO EXPOSITION

To ILLUSTRATE THE importance of the rôle played by dentistry in the personal, public and economic health of the American people, an artistic, animated, and instructive dental exhibit is being presented by the American Dental Association at the 1939 Golden Gate International Exposition in San Francisco.

Located in the Hall of Science the exhibit, at a cost of $20,000, has been arranged in a modernistic setting with special lighting and electrically motivated effects that will show the visitor the relation of dental health to his personal appearance and general well-being. By means of colored and illuminated pictures he can follow the story of dentistry from the first chapter in which the record of the extraction of teeth 2600 years ago is shown on ancient Assyrian cuneiform tablets down to the last chapter revealing the modern dental office. In another display the effect of dental caries is illustrated by means of a three-foot transparent tooth in which the progressive action of caries is shown electrically, and the progress of infection from an abscessed tooth through the blood stream is indicated by charts. Preventive dentistry, as a factor in general health, is featured in one part of the exhibit, a "talking tooth" lecture on mouth hygiene, and the diagnosis of dental disease is explained by means of x-ray films.

This presentation of the esthetic and clinical aspects of modern dentistry at the San Francisco Fair is under the direction of Lon Morrey, D.D.S., director of the Bureau of Public Relations of the American Dental Association, Chicago; Wilfred Robinson, D.D.S., Oakland; and John Leggett, D.D.S., of San Francisco.

STATE BOARD EXAMINATIONS

Mississippi State Board of Dental Examiners, regular meeting, new State Capitol Building, Jackson, June 20. Applications must be in the hands of the Secretary on or before June 3. For information write to A. B. Kelly, D.D.S., Yazoo City, Mississippi.

Connecticut Dental Commission, regular meeting, June 20-24, Hartford. Applications should be in the hands of the Recorder ten days prior to examination. For information write to A. J. Cutting, D.D.S., Southington, Connecticut.

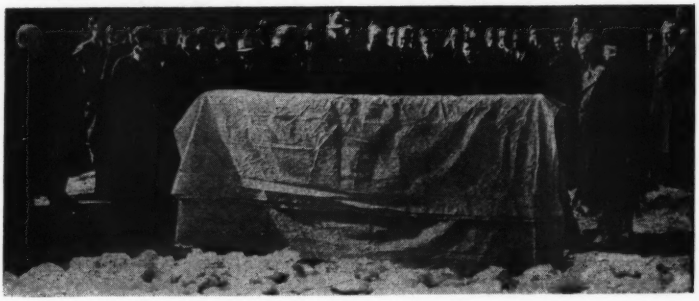
New Mexico State Board of Dental Examiners, regular meeting, Albuquerque, June 19-22. For information write to J. J. Clarke, D.D.S., Artesia, New Mexico.

GOLDEN ANNIVERSARY OF XI PSI PHI

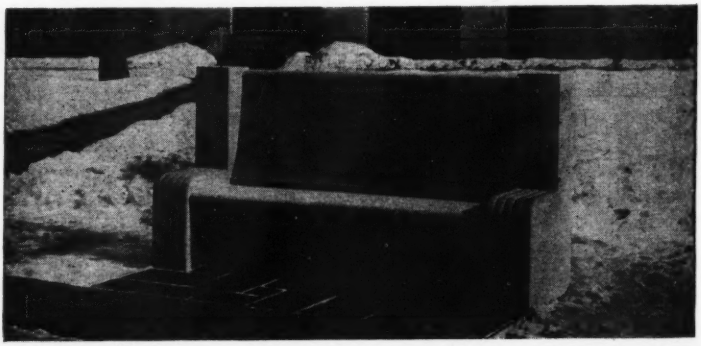
Photographs by ALLAN G. BRODIE, D.D.S., Chicago

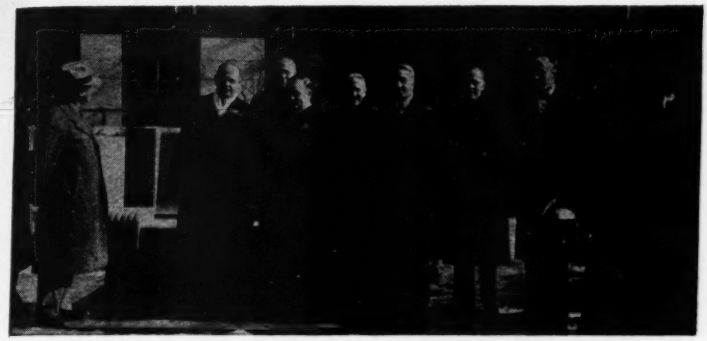
The New York Chapter delegation arrives at Ann Arbor, Michigan.

Doctor Harold Oppice of Chicago makes the presentation address.



Memorial bench presented to the University of Michigan on the occasion of the fiftieth anniversary of the founding of Xi Psi Phi.

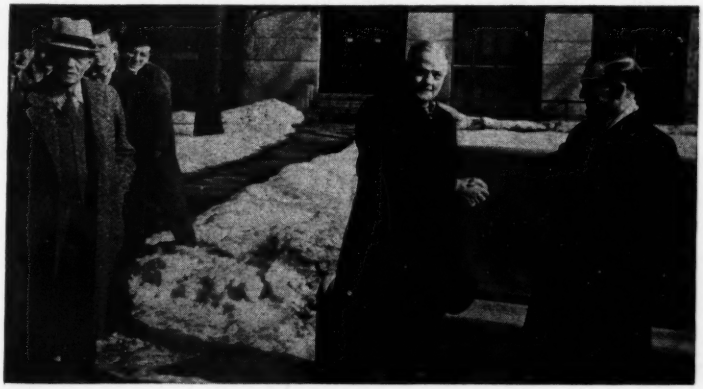




The Supreme Chapter. Left to right: Nilsson, Pinney, Coleman, Hillias, Oppice, MacDonald, and Aiken.

Doctor and Mrs. Lewis D. Thayer of Nappanee, Indiana. Doctor Thayer was one of the six founders of the fraternity.

The first pledge of Xi Psi Phi, Doctor Edward D. Slawson, shaking hands with Supreme President, Doctor George Coleman.



Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO ARGUE FREELY ACCORDING TO MY CONSCIENCE ABOVE ALL LIBERTIES. *John Milton*

AN INTEGRATED DENTAL PROGRAM FOR CHILDREN

THE DENTAL HEALTH of the child like the weather is the subject of much talk and little action. To expand the analogy: and like the weather not much is done about the dental health of the child. School examinations and health campaigns are of some value but neither activity ever restored a carious tooth. After the examination, what? After we confirm once again that upwards of 90 per cent of school children have dental disease, what do we do about it? Some children are propelled by the force of health education and the dental examination to the dental office. Other children are told that they need dental care, but the family budget is so constructed that it isn't flexible enough to include this expenditure. There may not be enough money, or what there is has already been allocated and assigned for other purposes. The child who does reach the dental office is frequently an unwelcome intruder. The dentist hates to see him come. Dentists generally dislike dentistry for children. They give or tacitly admit several reasons. They are afraid of the child, often more fearful than the child is of them. Dentists complain that what they do for the child is often technically unsatisfactory. The restorations in the deciduous teeth are difficult to place and often difficult to retain. Finally many dentists promptly shuttle the child out of the office because they know that people are not willing to pay properly for dentistry for children.

But something can be done to change this picture. Something has been done in some localities. The best example is the magnificent dental program sponsored in seven counties of southwestern Michigan by the Kellogg Foundation. Under this program the dentist is taught to see the child as a whole and that "the child's attitude toward going to the dentist is not dependent only on what the dentist says or thinks but rather on the total of all forces with which the child comes in contact."[1] With this orientation of the complete child, developed by the coordination of all community resources, the den-

[1]Morris, E. W.: The Utilization of Community Resources in the Health Program, J. A. D. A. 26:493-505 (March) 1939.

tist sees the dental problem of the child in its proper perspective. He sees the child as a personality with a disease picture related to his general well being and one influenced by and influencing all his social and economic relationships. This program sponsored by the Kellogg Foundation is not one that flies off free in space like those directed by dental societies without community backing. It is successful because all the forces of the community are behind it. A program sponsored and operated exclusively by dentists often carries in the public eye the stigma of self-interest. Doctor Emory W. Morris warns of the danger of "developing self-sufficient machinery for dentistry with total disregard for the machinery being developed for the same child in other phases of health."[1] The other objections, operative difficulties and unsatisfactory financial returns, raised by many dentists to dental care for children have not been overlooked in the Michigan project.

Every dentist in the communities where the Kellogg program is in operation was offered a two week's course, with all expenses paid, in such excellent institutions as Northwestern University Dental School, the Forsyth Dental Infirmary, and the Guggenheim Dental Clinic. Eighty per cent of the practicing dentists in the Michigan counties where this project is under operation have availed themselves of all three postgraduate courses. So far as the financial return to the dentists is concerned, the figures again speak eloquently. In one county of the seven in 1934 and 1935 a total of little more than $6000 was spent in dental care for children; two years later in this same county more than $27,000 was spent for dental care for children; and significantly enough the contributions from the county health departments have proportionately decreased with the time the program has been in effect and the percentage spent by the families has increased. In the beginning of the experiment about 48 per cent of the bill for dental care for the child was paid by the health departments. Now approximately 20 per cent is being spent by the health departments and 80 per cent by the families."

To be sure not every community in the United States has the good fortune to have a philanthropic foundation to aid in the solution of the dental problem of the child, but every community does have children who are in need of dental care. Every community has a health department, Parent-Teacher organizations, and service clubs. Every community has dentists. Only by a fusion of all community resources can we expect a program to be developed that will be profitable to the child, to society generally, and to the dental profession. Michigan has proved that it can be done.

Edward J. Ryan

Brooklyn (New York) Eagle: New recognition has been given the profession of dentistry in the United States Army. The first dental interns ever to serve in Army hospitals were selected recently, according to an announcement by Brigadier General Leigh C. Fairbank, chief of the dental staff, United States Army, made before the Second District Dental Society of New York. Describing the appointments as "one of our most vital projects," General Fairbank said: "Dental interns for our general hospitals will be chosen from outstanding members of current senior classes. A high standard of training has been established which will give these young men most unusual qualifications and an opportunity for commission in the Dental Corps. This training will bring the interns into a newer relation with medicine and hospitals and influence their whole careers."

Brigadier General Fairbank, who is the first dentist to reach that rank, added that "for twenty-five years it has been known that we must assume a greatly advanced position with medicine . . . Dental education must move in this direction; particularly must graduate study initiate this development."

Richmond (Virginia) News-Leader: Doctor L. Ray Temple, a former resident of Richmond, who practiced dentistry here for twenty-one years, believes he has developed a life-saving suit that will reduce the number of lives lost in sea disasters, preventing the repetition of such fatalities as occurred in the sinking of the Morro Castle. It is a complete one-piece suit of rubber fabric worn over clothing, covers all parts of the body up to the head, and can be put on in less than a minute. On the front and sides two pounds of kapok are distributed giving sufficient buoyancy to keep a 350 pound man afloat. Unlike the traditional life preservers, it holds the head and shoulders out of the water and keeps the wearer dry and warm. This suit, which passed tests successfully, is the seventh de-

veloped by Doctor Temple, and the one he considers most satisfactory.

San Francisco (*California*) *Call-Bulletin*: The average income for dentists in private practice from 1929 to 1934 was $3,100 annually, according to figures released recently by the National Bureau of Economic Research. For physicians the average for these years was $4,100 and for accountants $5,300, placing the dentists third in the list. The Bureau points out, however, that these figures are not to be taken too literally as they were based on the names of professional men taken at random from professional directories and many may not have been listed in such publications.

Pittsburgh (*Pennsylvania*) *Press*: Neal Dodds, a dentist of East Liberty, reported recently that he is in agreement with Professor Albert Einstein because a theory he evolved more than a year ago and published in a treatise is almost identical with the new "unified field theory" announced by Professor Einstein. The details of his theory were not revealed by Professor Einstein. But he intimated that it was a single law to explain all the phenomena of the material universe; that it brings together gravitation, magnetism, and matter under one unifying mathematical concept.

Louisville (*Kentucky*) *Times*: An iris expert of national reputation, Henry Lee Grant, a dentist, is considered one of the celebrities of Louisville. For more than fifteen years he has been growing irises as a hobby, the last two years on an eighteen-acre farm at Indian Hills, near Middletown. Doctor Grant is a director of the American Iris Society, an accredited judge of the flowers, and has developed thousands of varieties of iris, including "Indian Hill," which is a striking red-purple color, adaptable for landscape gardening.

Sharon (*Pennsylvania*) *Herald*: The oldest practicing dentist in Northwestern Pennsylvania, Doctor A. M. Allen, was honored at a dinner in the Penn Grove Hotel given by his colleagues on the completion of fifty years of practice, 49 of which Doctor Allen spent in Grove City, where his office is now. The son of Pennsylvania pioneers who had come to America from Ireland on a sailing vessel that took three months for the trip, Doctor Grove was graduated from Pennsylvania Dental College in Philadelphia in 1889.

Des Moines (*Iowa*) *Tribune*: As a relief from irritable patients Doctor L. V. Feike turns to vegetables. Evenings during the canning season, the dentist "puts up" peas, beans, tomatoes—all vegetables and fruits, and even jams—enough to see his family through the winter. Other points to be noted by interested dentists: Doctor Feike does his own marketing and washes *all* the pots and pans after he is through.

Pawtucket (*Rhode Island*) *Times*: A bill setting up a dentistry code for the state, which would also include mechanical dentists, was introduced in the legislature during March by Representatives Michael B. Messore, J. Henry Manning, and Ronald C.

Dove, all dentists. It is sponsored by the Rhode Island Dental Society, and would give power to the State Board of Dental Examiners to revoke licenses with a view to preventing misleading advertising, the use of advertising solicitors or publicity agents, or the use in advertising of "large display, glaring light signs or containing as part thereof, the representation of a tooth, teeth, bridgework, or any portion of the human head." The bill would also prohibit the advertising of prices for professional services, advertising of any free dental work or free examination, advertising to guarantee any dental service, or to perform dental operations painlessly.

Sheridan (Wyoming) Press: Raymond C. Bentzen, dentist and big game hunter, added another honor to the list he has acquired for the fine mule deer that he killed last November. Recently he sent the deer head to a national championship competion for big game hunters in New York City and was awarded first prize, the first time in eight years that a hunter from the Big Horn mountain district has won the highest honors in this contest.

Lewiston (Idaho) Tribune: One mobile dental team, assisted for three months out of the year by another team from Fort Wright district, takes care of the dental needs of the CCC enrollees in the seventeen camps of the Lewiston district. The permanent dental team now at Camp Dent, Ahsahka, is composed of Captain F. A. Reiling, and two CCC members, a dental assistant, and a truck driver. The team inspects the teeth of the 4,000 members of the CCC once every six months and performs emergency dental service, extracting teeth where necessary, cleaning them, and installing temporary restorations. Lectures and instruction of each company on proper dental hygiene are a feature of the visits. In the CCC camps throughout the country there were 168 officers on camp duty in 1937, who cared for more than 460,000 patients. The number of temporary and permanent restorations was more than 170,000. According to Robert Fechner national director of the CCC, "there were thousands of enrollees who had never had any dental attention in their lives. The number of teeth damaged through neglect to such an extent that restoration was impossible was almost beyond belief."

Dixon (Illinois) Evening Telegraph: The "blood bank," which was established early this year by a dentist, Raymond Worsley, among the members of the American Legion Post of Dixon, was instrumental in saving the life of a young mother in an emergency case, one of the first calls received for aid. Within fifteen minutes from the time the call for a donor was received the type of blood required was known from the classification table of types, of which there were four prospective donors. One of these was called, reached the hospital in less than a half hour, and submitted to a transfusion which apparently saved the life of the patient.

Under the "blood bank" project members of the Legion volunteer and submit to tests after which the blood is classified as to type. They are then subject to call in case of emergency. There is no charge for the transfusion: the only require-

ment being that a member of the family of the recipient submit to a blood test and leave a blood deposit in the "blood bank" at the hospital. This deposit is typed and placed in the refrigerated "bank" where it is available in the event of necessity, without summoning the donor to submit to a transfusion.

Middletown (New York) Herald & Times: Longing to get back to the land from which he was once rudely uprooted, Ralph D. Crawford, a dentist, decided against dairying and poultry farming and hit instead on the idea of raising fur-bearing animals. He selected mink because they are small and hardy. On six acres in Orange County he now has 200 breeders and hopes eventually to produce 1000 pelts yearly. Doctor Crawford's mink get the customary diet of frozen horse meat and frozen fish, combined with cereals, vegetables, cod liver oil and milk. "I find this mink ranch is sort of an insurance policy," Doctor Crawford said in discussing it. "If anything should happen to me, I am confident my wife and two children, with any kind of capable help, could carry it on successfully. Meanwhile it's an increasing source of fun and profit."

HONOLULU REPORTS ON CHILDREN'S DENTISTRY

EIGHTY-NINE PER CENT of the entire enrollment of the public elementary schools of Honolulu received dental service during 1938, according to an attractive illustrated report just issued by the Palama Settlement's dental clinic for school children. Of these, 47 per cent were cared for by their private dentists and 42 per cent were treated in the Palama dental clinic. Only 2,179 children out of 20,332 failed to receive care.

Behind this excellent report for the past year is a record of activity that dates back eighteen years when the Strong Foundation first began to supply money for dental service to school chldren in Honolulu. Since that time it has expended $637,000 toward the development of dental health. Dental hygienists have been supplied for the schools by the taxpayers, and the city and county governments have contributed $44,900 toward the cost of dental supplies. Seventy-nine per cent of the children receiving service during the past year paid a ten cent fee, which amounted to $2,846. The cooperation of teachers and parents has combined with these financial factors to make the dental program a success. A striking chart in the report entitled "What Happened to Permanent Teeth" shows that the extraction of permanent teeth, which was 26 per cent in 1929 has declined to 3.65 per cent in 1938 in the Honolulu public schools.

DEAR ORAL HYGIENE:

"I do not agree with anything you say, but I will fight to the death for your right to say it."—VOLTAIRE

African Footnote

I HAVE JUST left the Congo which I crossed from West to East. My purpose was to study the nutrition, habitat, and customs of the Pygmie people and others with reference to dental development. I photographed and took study models and examined teeth. I found surprisingly little decay, and yet some tribes (not Pygmies) live almost exclusively on a carbohydrate diet. I have one answer that may fit and will tell the boys back home some of my observations when I return. I haven't run up my models for careful study yet but am taking home the impressions. I also took dental impressions of anthropoid apes (snap impressions!). I am enclosing films showing some of the work.

My nurse thoughtfully tucked the last ORAL HYGIENE into my kit before I left and I had it to read and help me feel at home on the long trips. The enclosed picture of me was taken on a Congo Steamer. The Pygmies in the picture speak for themselves. They are not children but middle-aged adults. I have encountered many examples of that unfortunate tooth pointing (by chipping, not filing) and the head formation that has resulted from children having their heads wrapped.

I am doing children's dentistry to a large extent in Rochester, Minnesota, where my dental office is located and will make an exhibit for educational purposes when I return.

I am longing for home. Best wishes. —ARMIN SATTLER, D.D.S., *Tororo, Uganda, Africa.*

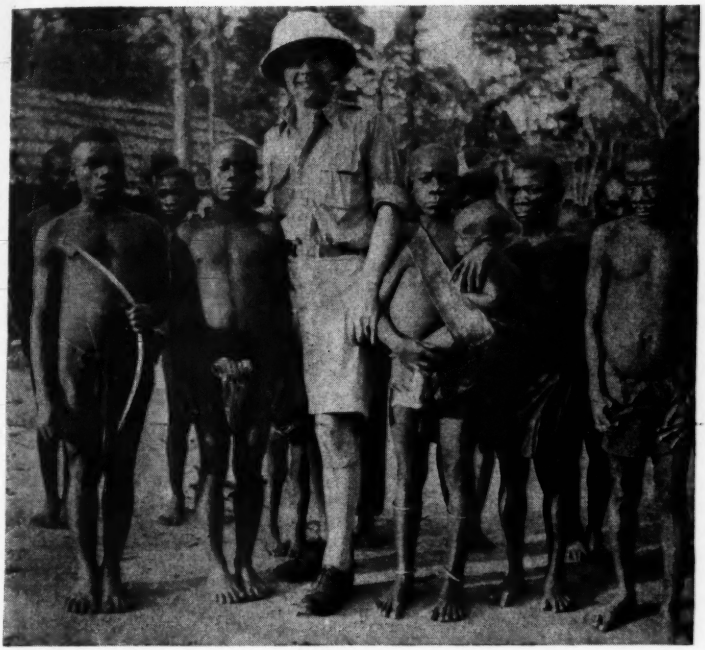
Armin Sattler, D.D.S., Rochester, Minnesota, at ease on a Congo steamer in Africa.

A Dentist—"Ham"

I believe Doctor C. G. Sanner's[1] idea in reference to dentists who are radio amateurs is a good one.

To keep the ball rolling, please in-

[1]Sanner, C. G.: Radio Amateurs in Dear Oral Hygiene, ORAL HYGIENE 29:321 (March) 1939



Middle aged African Pygmies photographed with Armin Sattler in Tororo, Uganda, Africa.

clude my name as another dentist who finds in amateur radio a pleasant and instructive hobby. It would be a pleasure to get in touch with fellow practitioners over the air and discuss matters of mutual interest.

My call is W2KQA and I operate at present on 1855 kilocycles.—A. E. KIMELDORF, 874 *Stuyvesant Avenue, Irvington, New Jersey.*

Dentures by Mail

In reading through the March issue of ORAL HYGIENE, my attention was particularly attracted to DENTURES BY REMOTE CONTROL.[2] I do not know whether an answer to the article, such as I am forwarding, will meet with your approval, but I do know that it is common sense, and that the rank and file of dentists will welcome the controversial question in this light. Whether you care to publish it or not, this angle will be good for your consideration.

DENTURES BY REMOTE CONTROL, by G. R. McLaughlin, D.D.S., portrays the menace to the patient and the dentist, and the inability of organized dentistry to combat the commercialism of denture making, legally. I read this article with interest, but came to the conclusion that "dentures by remote control" is an ethical business and perhaps can be considered satisfactory to the patient, when compared to the $10 and $15 dollar dentures foisted upon these patients, who still think they can get more than they pay for, by so called

ethical and, certainly, licensed dentists.

As stated in the article, we cannot compete with $5.85 and $6.50 mail order dentures. Apparently, the courts have legalized the practice, but how can the mail order denture business compete, to say nothing of how the truly ethical dentist can compete, with the licensed dentist, who may even belong to the American Dental Association, and sells all the materials which the mail order business does, plus the facilities of a dental office, including 3 to 6 hours of personal, professional services and a couple of broken appointments for an additional $3.50 to $8.50.

I claim that the "denture by remote control" boys are "pikers" and probably deserving of our sympathy. At any rate they could learn something in competitive price denture making from licensed dentists in almost any community. Why waste time worrying about the mail order business, which is apparently legal, and overlook that which is as great a menace to patient and dentist alike, but which can be placed under control? How? By license control, of course.

This is not as selfish as it may appear. Since the profession of dentistry prides itself on being primarily interested in public health, perhaps the public should be protected against the continued licensing of dentists, who place price competition above workmanship. Perhaps a floor under fees and a roof over hours, would give the public better health dentistry and the dentist a more equitable income. I believe this to be the goal of the profession: better dental health and better dental incomes.—W. F. TEMME, D.D.S., *Ripon, Wisconsin.*

More About Dentures

The article DENTURES BY REMOTE CONTROL by G. R. McLaughlin[2] was much appreciated and very timely.

It is in localities such as this that these "quacks" get their big business. The poorest kind of people fall for these advertisements. More should be said and more action taken to prevent the use of the mails in supplying people with artificial teeth.—WILLIAM LEMASTER, D.D.S., *Portales, New Mexico.*

[2]McLaughlin, G. R.: Dentures by Remote Control, ORAL HYGIENE 29:311 (March) 1939

DENTAL MEETING DATES

The Graduates of the class of 1919, Ohio College of Dental Surgery, will hold their twentieth reunion dinner, Netherland Plaza Hotel, Cincinnati, Ohio, June 12.

Alumni Society of Temple University, seventy-sixth annual session, Philadelphia Dental College, June 14.

American Full Denture Society, annual meeting, Roof Room, Hotel Pfister, Milwaukee, Wisconsin, July 15-16.

American Dental Association, annual meeting, Milwaukee, Wisconsin, July 17-21.

American Dental Assistants Association, fifteenth annual convention, Astor Hotel, Milwaukee, July 17-21.

National Dental Association, annual convention, College of Dentistry, Columbia University, New York City, August 14-18. For information write to J. A. Jackson, D.D.S., Charlottesville, Virginia.

Fall Clinic of Montreal Dental Club, fifteenth annual meeting, Mount Royal Hotel, Montreal, Canada, September 27-29.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Discomfort from Dentures

Q.—I should like to have your advice as to what to do with a case I am about to describe.

A man, 60, had all his teeth extracted from both jaws about a year ago. Three months later he had dentures inserted. They seem to fit fairly well, and his mouth does not feel sore, but he says there is not a minute that he has the dentures in his mouth but what he is conscious of them. Being a business man he says he is compelled to wear them during the day, but as soon as he returns home at night he has to take them out to get any comfort. I have noticed when he has the dentures in his mouth that he keeps sucking on them. I did not extract the teeth nor make the dentures so I do not know what the condition of the teeth was. If you know of anything that I might do to relieve this patient, please let me know.—M. M. C., Iowa.

A.—I would make this man new dentures from a physiologic relief impression on the upper jaw with no air chamber or scraping of impression for additional relief. The physiologic relief impression has been described by Doctor Robert Wood of Sturgis, South Dakota. The object of this impression is to provide an impression with the blood vessels enlarged by the retarding of the return flow of blood through the lungs by having the patient inflate the lungs and hold the breath during the initial setting of a plaster wash impression.

I would take great pains to establish the correct jaw opening and to procure a balanced bite. I would follow up the insertion of the new dentures with daily appointments for several days for checking and adjustments, after which I would expect this man to stop sucking on his dentures and to be comfortable and happy while wearing them.—V. CLYDE SMEDLEY.

Infection after Extraction

Q.—While excavating a large cavity on the mesial surface of one upper left third molar, I exposed the pulp of the tooth. In view of the fact that a great deal of the caries still remained I advised the extraction of the tooth. As far as I could see there was no inflammation around the tooth and the tooth was still vital. I extracted the tooth and in less than one hour the patient came back to my office with a very sore throat that developed into a retropharyngeal abscess. The instruments used were sterilized just before use. The extraction was clean and simple without broken roots. I should like to know whether or not this infection could have been caused by the injection or extraction. Injections used were buccal infiltration and posterior palatine.—G. S., Maryland.

A.—Inflammations as severe as you describe do not ordinarily develop in less than an hour. Moreover there should have been no extensive inflammatory reaction from the simple extraction of a vital tooth. Therefore, it was probably a coincidence rather than a sequence that the throat infection occurred.—GEORGE R. WARNER.

Lip Habits

Q.—I had a young patient, a boy, 7, brought to my office this morning, who has a habit and has had for a long time of pulling and sucking his lower lip over the lower incisors. Then he closes his upper teeth on the lower lip beyond the mucous membrane and holds tense and always goes to sleep that way. What would you suggest as the simplest way to help the boy overcome this habit?

What do you recommend for breaking the habit of nail biting by a girl 7 years old?—C. K. W., Kansas.

A.—Lip habits are most difficult to correct and are the bane of orthodontists, because of their so commonly being in causal relation to malocclusions or interfering with the correction of malocclusions. Orthodontists find that in addition to using orthodontic appliances to help correct these habits it is necessary to enlist the cooperation of the child and the family. This sort of cooperation would probably overcome the habit during waking hours—and a vulcanite splint between the teeth would prevent the habit at night.

A seven year old girl should be cured of nail biting by moral suasion, but it has been found effective in some cases to have the nails manicured and polished once a week. Another method is to have false nails put on by a manicurist. The child can't bite off these false nails and so soon breaks the habit. — GEORGE R. WARNER.

Small Organism

Q.—I enjoy your answers in ORAL HYGIENE from which I have received valuable information.

In the past I have read or heard there are bacteria so small that they could pass through the walls of a test tube. Is this true?—R. R. H., West Virginia.

A.—Thank you for your words of commendation about ASK ORAL HYGIENE. No, there are no organisms or viruses that can pass through the walls of a test tube.

According to Stitt[1] there are organisms, such as chlomydozoa, that belong to filtrable viruses, viruses of infectious diseases so small that they will pass through the pores of a Berkefeld filter capable of holding back an organism as small as the B. melitensis but incapable of preventing infection being transmitted when it has been introduced at the proper point of entrance to the system.

The virus of the common cold and influenza are filtrable viruses, and, of course many others. —GEORGE R. WARNER.

Calcium in the Body

Q.—I have a patient who has full dentures. She is pregnant and wants to know—since she has no teeth—if the child will have better teeth. She reasons that since no calcium is required for her teeth—that the child will get added calcium. Is this true? —C. A. B., Arkansas.

A.—The pregnant woman mentioned has a misunderstanding of the rôle of calcium in the

[1]Stitt, E. R.: P. Blakeston's Son & Co.

body's economy. Calcium occurs throughout the body in both hard and soft tissues. The presence or absence of teeth would have no direct effect on the utilization of calcium by the body's tissues or the tissues of the fetus.

Because of the demands of the fetus for calcium, it is essential for a pregnant woman to have a higher intake of calcium in her diet than she would require for herself when not pregnant. It is thought that this higher intake of calcium helps to build a better physical structure and better teeth for the child. So far as we know the teeth, per se, do not require calcium after they are fully developed.—GEORGE R. WARNER.

Formalin for Sensitive Areas

Q.—Will you please explain to me the Grossman technique of formalin for sensitive teeth?

I should also like to know how to make Howe's ammoniacal silver nitrate. How long should the solution remain stable?

Where it is used in deep cavities how long should it be applied and should one use a reducing agent, if so what?—R. A. N., Tennessee

A.—The Grossman[2] technique for using formalin for sensitive cervical areas is, briefly, to remove first all foreign matter from the areas to be treated and then to dip a flat pointed orangewood stick in a saturated solution of formalin and, as soon as the formalin has soaked into the wood, "iron" the sensitive area with the formalin saturated stick for at least five minutes.

Ammoniated Silver Nitrate

Solution A

Saturated solution of silver nitrate .....1 part

Strong ammonia water, enough to make clear solution. Add the strong ammonia water little by little. As the ammonia water is added, a dark precipitate of silver oxide is formed. This is soluble in an excess of ammonia water. Therefore, continue adding the latter until the solution becomes clear.

Solution B

Formaldehyde solution..1 part

Distilled water.....3 parts

These solutions must be kept in separate dark colored bottles, with glass stoppers, and should be kept away from the light as much as possible. They work better if they are freshly prepared, but are still good after a considerable time, if kept as recommended.

The silver nitrate should be applied carefully to the base of the cavity and allowed to dry. When dry it should be reduced with eugenol.—GEORGE R. WARNER.

[2]Grossman, L. I.: A.D.A. 21:2050 (November) 1934

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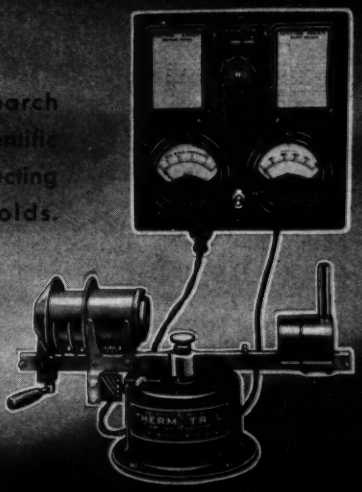

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B-2 NEY-ORO B-2 is as generally useful in crown and bridgework as A-1 is in the inlay field. The increasing use of fixed restorations emphasizes the importance of choosing a material formulated especially for the purpose. B-2 is just such a material. The ideal bridge gold should have the following definite properties—STRENGTH to resist distortion; DUCTILITY to permit burnishing; HARDNESS to withstand severe occlusal stress. These properties are perfectly balanced and combined in

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HARTFORD, CONN. CHICAGO, ILLINOIS

He: "Let's sit this one out; no one will be the wiser."

She: "Oh, yes; you will."

o

Young Doctor's Wife: "Oh, Harry, aren't the clouds and moon lovely tonight?"

Young Doctor (absent mindedly): "Sure, that cloud coming over the moon reminds me of a torpid liver."

o

One candle on her birthday cake!
How does she get that way?
Well, "Life begins at 40," and
She's 41 today.

o

First Doctor: "Then we decide not to operate?"

Second Doctor: "Yes. What do you think we ought to charge him for deciding not to operate?"

o

Albert: "Do you love me, darling?"

Edythe: "Of course I do, Herbert dear."

Albert: "Herbert! My name's Albert!"

Edythe: "Why, so it is. I keep thinking this is Monday."

Judge (sternly): "Would you swear that you saw the late Mr. Brown shot from ambush?"

Witness (stammering): "Well no, Judge, but I did see him shot from a blackberry bush."

o

Mrs. M: "My baby is so delicate that I have to let my husband dress it."

Mrs. P: "Can he do it better than you?"

Mrs. M: "Oh, yes. He is a packer in a china factory."

o

The customer proved most exacting, and the assistant was growing impatient.

"Now, are you sure this is genuine crocodile skin?" the customer inquired, critically examining a hand bag.

"Quite, madam," was the reply. "You see, I know the man who shot the crocodile."

"It looks rather dirty," remarked the customer.

"Yes, madam," replied the assistant. "That's where the animal struck the ground when it fell off the tree."

o

First Actor: "I can't get into my shoes."

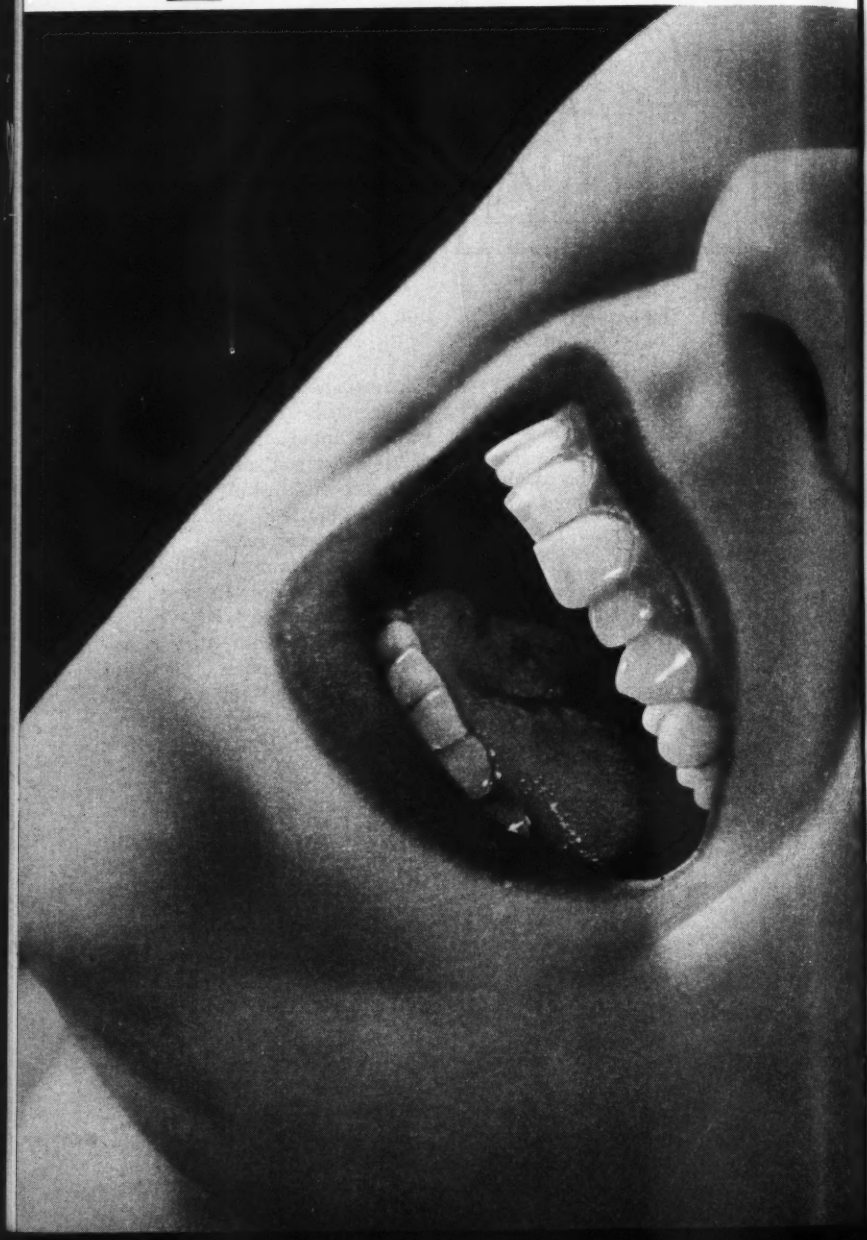
Second Actor: "What! Your feet swelled too?"

o

Teacher (in geography class): "Now can anyone tell me where we find mangoes?"

Knowing Little Boy: "Yes, miss —wherever woman goes."

Your Patient's



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Mouth is no denture "proving ground" when you prescribe LUXENE • 37

SERVICE and the satisfaction which your patients receive from the restorations you furnish to them are the foundation of your professional reputation. To guard this hard won reputation, you cannot afford to use your patients' mouths as a "proving ground" in determining the worth of a denture material. LUXENE • 37 is a time-tested and proved material which offers complete assurance of patient satisfaction. It possesses the proper balance of properties that are required for enduring mouth performance.

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Consistent Uniformity.
Accurate molding *at low pressure.*
Impact strength and toughness.
Dependable color life.
Life-like translucency.
Chemical and physical stability.
Tasteless. Odorless.
Hard. Compact. Non-absorbent.

Trustworthy mouth performance.
No distortion due to curing shrinkage.
Permanency of form after processing.
No breaking of teeth during processing.
No pulling away from porcelain and metals.
No seepage around teeth.
Ease of repair or reline.

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In 1 oz. BOTTLES
1 oz. $1.60
5 ozs. 1.55 per oz.
10 ozs. 1.45 per oz.

... Specifications No. 1. Fillings suitable for alloy-mercury ...

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1. SMALL HEAD *easily reaches intermost tooth surfaces.*
2. FULL TUFTS *of base end cut Chungking bristles, trimmed for interproximal massage brushing.*
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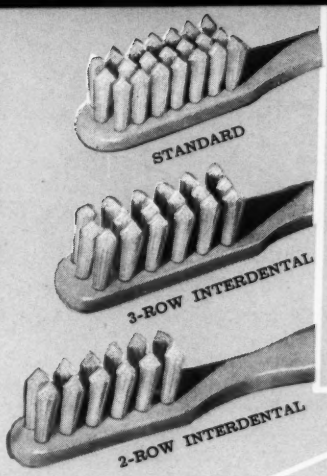

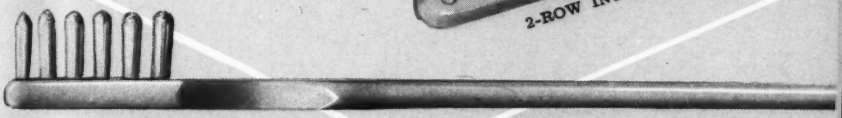

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These three professional models offer a complete choice for every prescribed massage-brushing technique. Each Takamine model is scientifically designed to the exacting requirements of leading periodontists. For example: The Three-row Interdental is designed to facilitate Dr. Hirschfield's technique; the Two-row Interdental type is used for the technique favored by Drs. Charters, Stillman-McCall. The Standard model is designed to the specifications of Dr. Joseph Head.

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Enclosed remittance to cover my order for.....TAKAMINE Toothbrushes at professional prices as checked below: *Check bleached or unbleached bristles.*

....STANDARD at 7c each. ....3-Row Interdental at 9c each.
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☐ UNBLEACHED BRISTLES ☐ BLEACHED BRISTLES

Name .....**D.D.S.**

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Speeds THE MASTERY OF A

Dr. Wernet's Powder

and you'll use No Other!

YOU'LL BE so delighted with its exceptional purity and superior effectiveness, no other will satisfy you. You'll discover the difference with the very first case in which you put it to use!

OR MAKE THIS EASY TEST! Pour some DR. WERNET'S Powder on a dark sheet of paper. Pour next to it an equal amount of any other denture powder. Note how much *whiter* and *purer* and *finer* DR. WERNET'S is! Now add a few drops of water to each and note also how much *more absorbent* and *soluble* it is — so that less of it is required, so that irritation is minimized!

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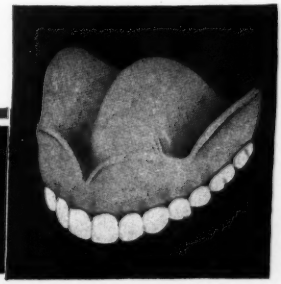
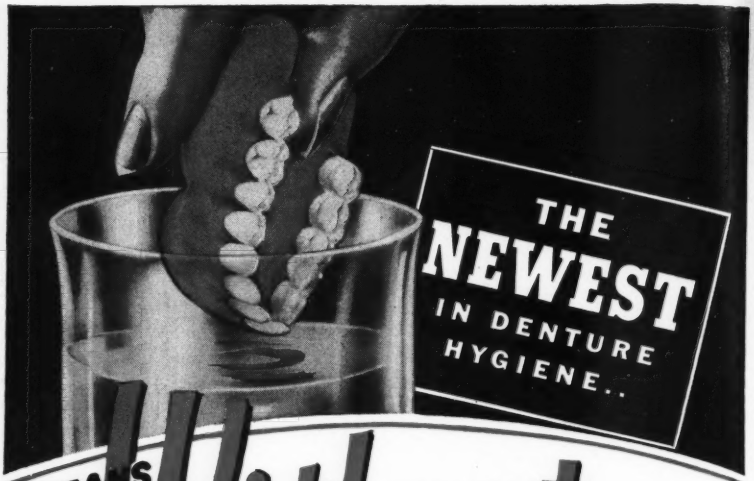


OF A NEW DENTURE



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NO longer is there any reason for neglecting dentures—now that they can be cleaned so easily with POLIDENT, the latest development of the Wernet laboratories.

Simply place the denture, or bridge, in half a glass of lukewarm water *(not hot)*, add half a teaspoonful of POLIDENT, and allow it to remain in the solution for 10 to 15 minutes. Now rinse it well and the denture will be clean, fresh, and smooth — *hygienically* clean, ready for use!

POLIDENT dissolves and loosens mucin, tartar, and food debris, as nothing else can—*WITHOUT BRUSHING!* No danger of distortion. No danger of breakage. It is easier, safer, surer — and more economical! POLIDENT is harmless for the newer denture materials as well as for dentures of rubber or precious metals.

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POLIDENT

*PLEASE NOTE that the more unclean a denture is the longer it must soak. Very unclean dentures may need one or more overnight immersions.

For Better Home Care of the Teeth

...COMMEND...

The New SQUIBB *ANGLE* TOOTHBRUSH

DESIGNED by a practicing dentist, the Squibb Angle Toothbrush is easy to handle—adaptable and efficient. It affords maximum accessibility in cleaning the teeth.

Two angles of the Squibb Angle Toothbrush are responsible for this effectiveness. The "Mouth Mirror" angle serves to bring the brush into correct position for cleaning the lingual surfaces and also helps to make the four difficult-to-reach last molars accessible to the brush. The "Jog" angle makes it possible to bring the brush head down to the gum line while keeping the handle in practically horizontal position, thus facilitating cleaning the teeth.

The thin metal shank connecting the brush head with the handle is made of special rust-resisting alloy. The brush head is small—the high quality, natural-tufted bristles are of a texture and resiliency that allows for necessary and safe massage of the gums.

Squibb Dental Cream · Squibb Tooth Powder

The House of Squibb has developed two dentifrices: Squibb Dental Cream and Squibb Tooth Powder. Whether your patients prefer paste or powder, these Squibb products can be depended upon as safe, effective dentifrices. They contain nothing which might be harmful to the teeth or mucous membranes of the mouth or to the stomach if swallowed. They have a high antacid reserve which aids in neutralizing bacterial acids which may cause tooth decay. Both are pleasant to the taste and leave the mouth feeling clean and refreshed.

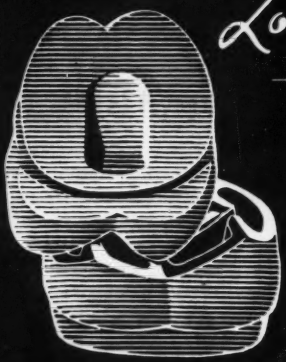
E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858

NEW TRUBYTE

Look into them

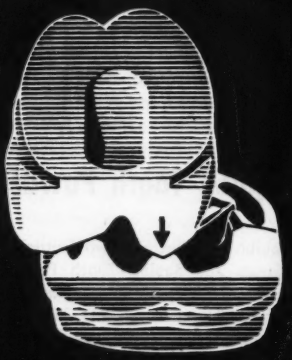
—SEE THEM ARTICULATE



LINGUAL VIEW OF FIRST MOLARS IN CENTRIC—UPPER MESIO-LINGUAL CUSP IN LOWER CENTRAL FOSSA

The Key to Simple Articulation

IS THE RELATION OF LOWER FIRST MOLAR TO THE UPPER—AS IN NATURAL DENTITION.



SAME MOLAR RELATION—CUT AWAY TO SHOW CROSS-SECTION OF UPPER CUSP IN LOWER FOSSA

MESIAL VIEW OF SAME CUSP AND FOSSA RELATION

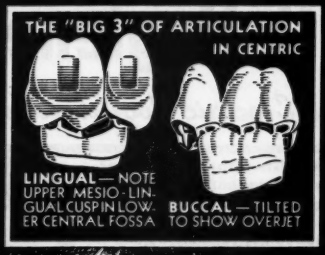
THE DENTISTS' SUPPLY

20° POSTERIORS

"Eat your Cake —and have it too"

IN THE Attempt to enjoy the so-called Advantages of "Mechanical Teeth," one is apt to lose the necessary Functional Qualities; but 20° Posteriors have All Advantages—so, you "eat your cake and have it too." . . .

HOW TO SET THEM



SET Upper Second Bicuspid with All Cusps on Bite-Rim.

SET Upper First Molar with Mesio-Lingual Cusp on Bite-Rim, Disto-Lingual and Mesio-Buccal Cusps slightly above and Disto-Buccal Cusp 1 mm. above Bite-Rim.

SET Lower First Molar with Mesio-Lingual Cusp of Upper in Central Fossa of Lower.

"MODERN MILLSTONES OF MASTICATION"

COMPANY OF NEW YORK

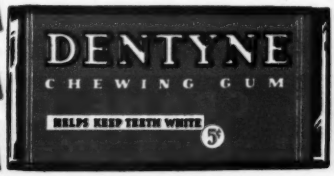
This confection helps patients remember your advice on mouth health

● A surprise present of deliciously spicy Dentyne pleases any patient—child or grown-up! And Dentyne does more than cultivate good will — it helps you emphasize your advice on mouth health and mouth hygiene.

Dentyne's specially firm "chewiness" combats this generation's lazy chewing habits, against which the dental profession launches a constant crusade. Dentyne induces the hard chewing that is not provided by modern meals of soft foods. It stimulates circulation of the blood and tones up the tissues — a real "oral conditioner." It also cleanses mouth and teeth by increasing the flow of saliva, and by mild frictive action.

To obtain free Dentyne samples for your office, simply fill out and mail this coupon.

PLEASE SEND ME FREE DENTYNE SAMPLES

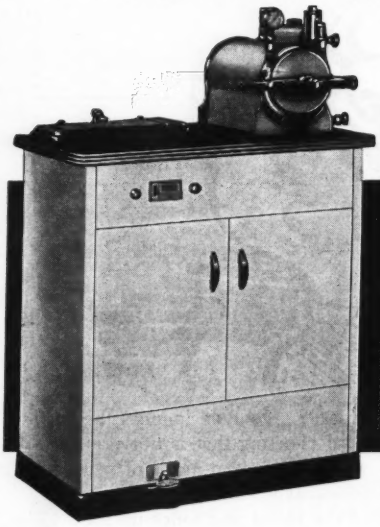


AMERICAN CHICLE CO.,
Long Island City, N. Y., Dept. O-5

Name _____

Address _____

NOW! THE SAFETY OF PRESSURE STERILIZING IN THE DENTAL OFFICE at low cost!



The NEW PELTON DENTAL AUTOCLAVE

Here is hospital sterilization tailor-made for your office . . . a Pelton Dental Autoclave in a size to fit your needs and at a price to fit your purse! With the same performance and operation as the larger Pelton Autoclave, it destroys all types of pathogenic organisms . . . delivers instruments, towels, dressings dry and ready for use or storage . . . instruments keep their edge, color, brilliance . . . fully automatic . . . noiseless and fast. Model 41 cabinet provides ample space for this new Autoclave and also includes the Super-Automatic 14″ Pelton Instrument Sterilizer with hydraulic foot lift. Cabinet has large storage space, automatic interior illumination.

PELTON DENTAL AUTOCLAVE	MODEL 41 CABINET WITH AUTOCLAVE	MODEL 41 CABINET WITHOUT AUTOCLAVE
$135	**$275**	**$140**

(Prices higher on Pacific Coast and in Canada)

Send today for full details of this sensational new sterilizer

The PELTON & CRANE CO.
632 HARPER AVENUE, DETROIT, MICH.

3 THIRDS CORRECT

The first time

Accuracy, clarity and the saving of valuable time must be of vital importance to you. You can't afford to waste time taking the same x-ray over and over again. Neither can you afford to be only partially right. Your entire diagnosis depends upon the findings of your x-ray examination This in turn depends upon the solutions you use. Use F-R Concentrated Liquid X-ray Developer and X-ray Fixer* — the solutions that meet with unanimous approval of dentists and hospitals the country over.

Simply add cold water and in less than 60 seconds you have an efficient ready-to-use x-ray developer and fixer. Now in the new, handy F-R graduate bottle. Ask for F-R by name and be 3 thirds sure your x-rays will be 3 thirds accurate.

F-R INTERVAL TIMER

WITH ADJUSTABLE PRE-SET STOP

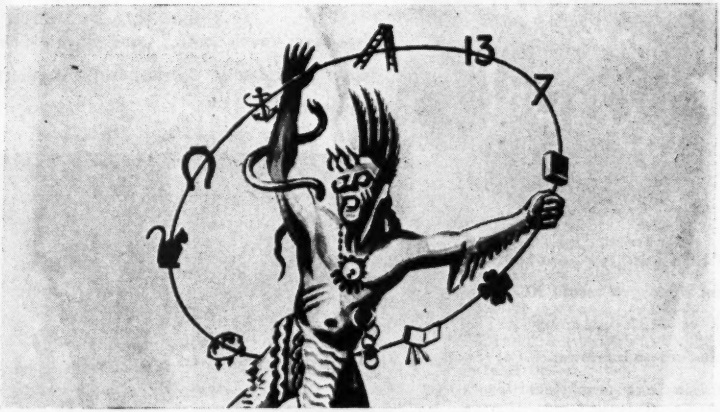
An accurate check against under or over developing of films. Easily readable in the darkroom. Recommended as a guide for casting in furnaces, soldering and other laboratory work. $3.25.

*F-R Concentrated Liquid X-ray Fixer contains the necessary fixing, acidfying and hardening chemicals all IN ONE bottle.

FINK-ROSELIEVE CO., INC.

NEW YORK BOSTON CHICAGO LOS ANGELES

HE'S STILL PRACTICING MEDICINE!



WHEN the Committee in charge of the Medical and Public Health Building at the New York World's Fair 1939 was considering the subjects to be covered by exhibits in the building, they decided that Superstition in Medicine should be included.

This decision was based upon the fact that even in enlightened countries, such as ours, the hocus-pocus of the Medicine Man is still relied upon by literally millions of people for guidance in the treatment of disease. Obviously, such reliance on Black Magic, handed down from generation to generation, is dangerous to health. To expose these fallacies and explode their efficacy is a contribution to the general welfare of the public.

Accordingly a special committee was appointed and an exhibit planned to show to the millions of visitors to the New York World's Fair 1939 the futility and danger of continuing superstitious practices in the treatment of the sick.

This is the first exhibit of its kind in America and has undertaken the difficult task of unmasking an undercurrent that damages public health and delays the advance of scientific medicine. It will be interesting not only to the laymen, but to the physician, dentist and nurse. The information dramatically portrayed by the many sections of the exhibit will go far to arm the professional man or woman with information to combat superstitious ideas and customs.

When you are at the World's Fair visit the "Maze of Superstition." It is sponsored by THE BAYER COMPANY, INC., and is under the supervision of the following committee:—

Dr. Howard W. Haggard, Chairman

Dr. Archibald Malloch	*Dr. Gregory Zilboorg*
Dr. Otto Neustatter	*Professor Otis Caldwell*
Dr. Otto E. Sigerist	*Miss Emily Davis*
Dr. James J. Walsh	*Mr. Harvey M. Manss*

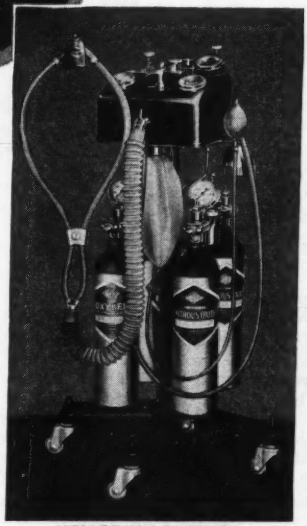
"They'll Do It Every Time, DOCTOR!"

SATISFIED PATIENTS will BUILD your practice and increase your income. Frightened or "hurt" patients will just as surely tear it down.

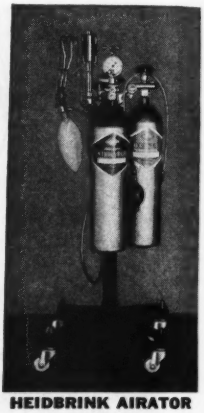
Yes, news travels fast . . . and when it's news that "their dentist doesn't hurt", it's mighty important.

THAT NEWS *will begin working for you* when you install HEIDBRINK or OHIO apparatus for the modern administration of anesthesia and analgesia to relieve fear and discomfort.

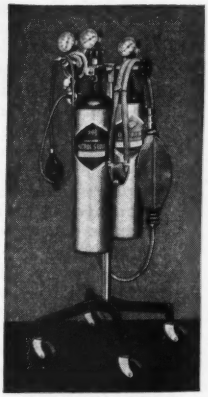
There are three types from which to choose. An inquiry will bring you complete information and enable you to select the apparatus best suited to your needs.



HEIDBRINK SIMPLEX



HEIDBRINK AIRATOR



OHIO ANALGESOR

THE OHIO CHEMICAL & MFG. CO.

PIONEERS AND SPECIALISTS IN ANESTHETICS

1177 Marquette Street **Cleveland, Ohio**

BRANCHES IN ALL PRINCIPAL CITIES

----FIND OUT TODAY—USE THIS COUPON----

THE OHIO CHEMICAL & MFG. CO.
CLEVELAND, OHIO

☐ Please send me a copy of your booklet, "Questions and Answers on Nitrous Oxid Analgesia."

Please send me full information on the following equipment:

☐ Simplex ☐ Airator ☐ Analgesor

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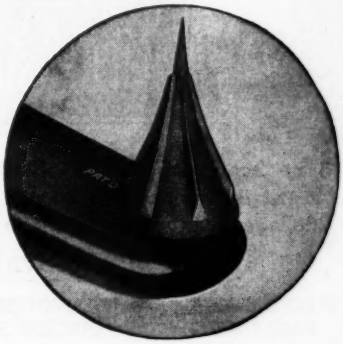
Go-Between



The Tooth-Tip on a LACTONA Brush is an unfailing "Go-Between" the dental office and the patient. Right there on the brush handle the Tooth-Tip is a constant reminder of the instruction the dentist has given to the patient.

The Tooth-Tip effectively cleanses and stimulates inter-proximal tissue, and at the same time leads to better brushing habits through a more effective use of the bristle of the brush itself.

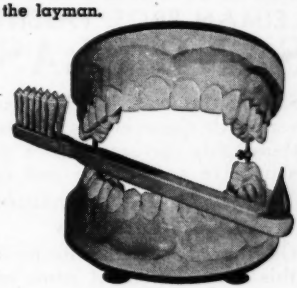
To promote wider public knowledge of preventive dentistry, literature and special equipment, as illustrated, is now available to the dental profession.

For Patient Instruction

A copy of "Mouth Health From Modern Dentistry", a new illustrated booklet printed in colors, will be mailed to any dentist upon request. This booklet is expressed in terms which are readily understood by the layman.

For Group Instruction

Price of large cast of teeth and large toothbrush, for demonstration purposes, will be sent upon request. Pictured to the right, this equipment is offered to dentists at actual cost.

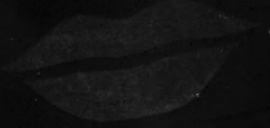


Lactona Tooth-Tip Toothbrushes are available to registered dentists at a special introductory price of 20c each. This offer is limited to two brushes for 40c. Specify bristle * texture. Send stamps or coin.

LACTONA INCORPORATED
SAINT PAUL, MINNESOTA

*Lactona brushes are available, as usual, in both extra hard and hard natural black bristle.

"the lip-line of your patient is the eye-line of the public"



JUSTI VITA-LUX

the tooth with Life and Light

YOUR PATIENT'S lip-line is the public's eye-line! That's what makes the effect of the incisal third so important.

The new Justi Vita-lux teeth have a highly translucent incisal third. They have a lustrous surface. This surface absorbs and reflects the color tones of the mouth. Vita-lux teeth bring a life-like naturalness to your restorations.

The incisal is color toned in harmony with the middle third and *will not show a line of cleavage* with an area of darkness at the lip line.

Your patient can smile and Vita-lux teeth will never convey a dark impression even under artificial light.

Vita-lux teeth are made in eight fundamental shades. Shade selection is therefore easier than ever before . . . because the lustrous surface of Vita-lux teeth has the ability to assume the tones adjacent to it. They satisfy simultaneously the patient's wish for pearly teeth "like my own" and your conception of proper esthetics.

Specify Justi Vita-lux, *the teeth with life and light.*

The unretouched photograph above shows the natural beauty and life of Justi Vita-lux teeth. Note the high translucency of the incisal third.

Vita-lux posteriors are also available with the same lustrous surface and natural blend of the anteriors. Justi is first to make it possible to place beautifully toned anteriors and posteriors on the same denture!

Vita-lux teeth are stronger by actual tests. For better appearance, better service in full and partial restorations use or insist on Justi Vita-lux.

H. D. JUSTI & SON, INC.

The Oldest Manufacturer of Porcelain Teeth in America

PHILADELPHIA


THE ORIGINAL ALKALINE DENTURE POWDER
FASTEETH
REG. U.S. PAT. OFF.
ALKALINE DENTURE POWDER
FASTEETH
FASTEETH · INCORPORATED
BINGHAMTON · N.Y. U.S.A.

ALKALINITY *in a denture powder* DOES *make a difference!*

FASTEETH is *mildly* but *persistently alkaline.* And the threefold advantage of *alkalinity* quickly makes itself felt in the denture patient's mouth.

(1) Helps Nature in the gum-healing process, since tissues heal better in a mildly alkaline medium.

(2) *Alkaline* FASTEETH not only cushions the shock between hard plate and soft tissues, but also checks acid irritation or inflammation.

(3) Because FASTEETH is mildly alkaline, it does not become bulky or mucilaginous, but holds its film-like consistency, which more firmly holds the plate.

Learn the *scientific* facts about the value of *alkalinity* in a denture powder. Send for FREE 8-page booklet, "WHAT WAS FOUND IN THE LABORATORY."

Tear Out & Mail Coupon

FASTEETH, INC., Binghamton, N. Y. OH 5

Gentlemen:

Yes, please send me copy of "What Was Found in the Laboratory."

Name .....D.D.S

Street.....

City..... State.....

A Contribution to
PATIENT COMFORT

PROLONGED COOLING, usually necessary with elastic impression materials, can play havoc with the comfort and confidence of your patients. Any patient will surely be pleased when, by using KERR Hydro-Colloid, you cut this chilling time in half.

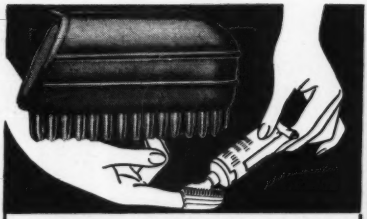
A KERR Hydro-Colloid impression hardens in from two to four minutes. You can bend it 20% or more without distortion. Yet it will stand up under a crushing pressure of from 30 to 50 pounds to the square inch. And you'll be pleasantly surprised to find that boiling water softens KERR Hydro-Colloid in as little as three to five minutes.

Shorten your time at the chair, promote patient comfort and produce beautifully accurate impressions of your most difficult cases with this outstanding material.

Specify KERR Hydro-Colloid at your dealer's.

DETROIT DENTAL MFG. COMPANY

KERR REG. U.S. PAT. OFF. **HYDRO·COLLOID**



GUM MASSAGER

The **HY-KARE** Gum Massager is an invaluable aid in promoting firm gums and sound teeth. Ideally suited for home care of the gums after thorough prophylaxis. Stimulates circulation of the vascular tissues without irritation.

Made of pure surgical rubber. Sanitary, easy to clean. Fits finger snugly.

For use with any dentifrice or special lubricant you prescribe. Order direct, or through your supply house.

8 for $1.00—44 for $5.00

Sample 15c

Your druggist can now secure HY-KARE Gum Massagers in sealed glass containers and attractive display carton. Direct, or thru his jobber.—$1.75 per carton of 8. Postpaid. Retail price, 35c each.

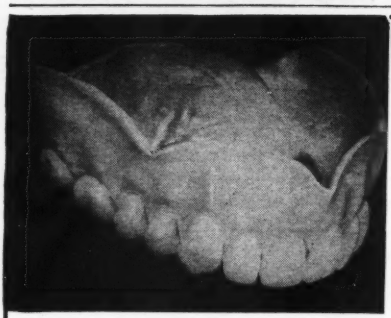
HY-KARE LABORATORIES, 407 So. Dearborn St., Chicago, Ill.

HERSHEY'S COCOA BUTTER TOILET SOAP

Soothing to the skin. Contains Cocoa Butter and Vegetable Oils . . . No bleaching or coloring .. For Chapped Skin !

At your dealers or send 35c for a box of 3 cakes postpaid.

HERSHEY ESTATES
Hershey. Pennsylvania
Also manufacturers of
HERSHEY'S Cocoa Butter Tar Soap



Simplify your Denture Making with

TRAUN'S
NEW TOUGH PINK NO. 40

The perfect full-denture rubber

No. 40 Tough Pink has the strength of a good base rubber, and can be used without hesitation for full dentures—you can even use it for partials!

The specific gravity is low, and it can safely be used for thin, comfortable dentures. It is easily manipulated and packs freely. Dentures made with it have a dense homogeneous surface, and are durable. No. 40 has also a pleasing color—even without bleaching. A short solarizing process will bring out as delicate a gum pink shade as even the most discriminating dentists and patients can wish for. Order a trial package from your dealer, or send the coupon to us.

ATLANTIC RUBBER MFG. CORP.
Successors to Traun Rubber Co.
239 Fourth Ave., New York, Dept. OH-3905

Enclosed $1.00 for liberal sample package of TRAUN'S NEW TOUGH PINK No. 40

Dr. .....

.....

SO, IT'S FUNNY, IS IT?

WE, as dental patients, don't think so. And the chances are your patients don't want to play the role of "the edentulous patient looking for his denture" any more than we would. If it's possible to avoid dentures, they want to—and they look to you and your skill to protect them against the loss of their teeth.

Routine radiographic examination is recognized as the most important step in modern preventitive dentistry. With your own CDX in your office you will be equipped to make excellent radiographs, easily and quickly. And they'll help you find those conditions that might be overlooked with mirror and probe: Hidden decay, especially where teeth are in contact, around and under fillings, beneath caps and in the central portion of a crown. Many teeth which look normal on visual inspection are revealed as mere shells when subjected to the scrutiny of a CDX.

You, as a progressive modern dentist, realize the value of x-ray examination for every patient. As a value-wise business man you will protect your x-ray investment by getting full facts about the easy-to-own practice-building CDX Dental X-Ray Unit before you spend one cent on any x-ray unit. These facts are yours for the asking. To get them will cost you nothing, and incur you no obligation; just sign and mail the handy coupon, today. It's the first step toward making a sound, economical, dividend-paying investment in yourself and your practice.

GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

WITHOUT OBLIGATION

Please send me full facts and figures about the G-E CDX Dental X-Ray Unit and your convenient purchase plan. H165

Name .....

Address .....

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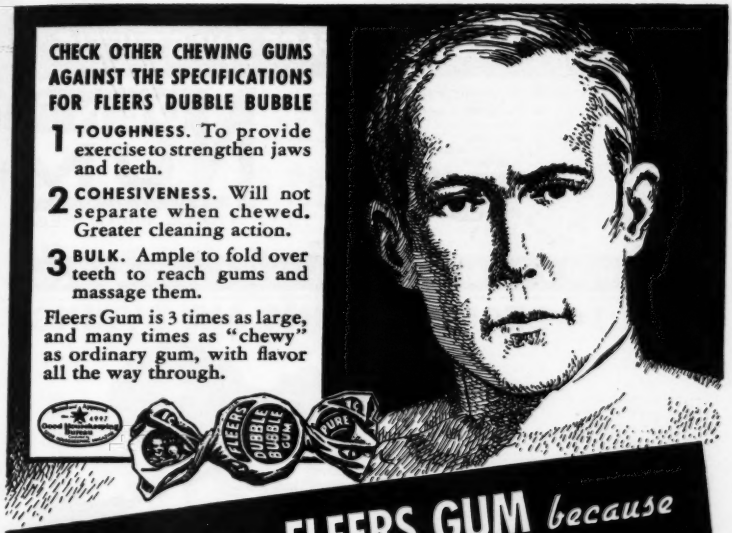
CHECK OTHER CHEWING GUMS AGAINST THE SPECIFICATIONS FOR FLEERS DUBBLE BUBBLE

1. **TOUGHNESS.** To provide exercise to strengthen jaws and teeth.
2. **COHESIVENESS.** Will not separate when chewed. Greater cleaning action.
3. **BULK.** Ample to fold over teeth to reach gums and massage them.

Fleers Gum is 3 times as large, and many times as "chewy" as ordinary gum, with flavor all the way through.



I RECOMMEND FLEERS GUM *because it has the characteristics I approve*

The use of chewing gum as a general oral stimulant is, of course, not new. But it is gratifying to know that Fleers Gum is becoming the first choice with more and more dentists every day.

They know that its particular characteristics make it especially beneficial wherever general massage and oral stimulation is indicated. They know, too, that it is pure and wholesome because it carries the Good Housekeeping Seal of Approval. Only the finest gums win this recognition.

In order to make it easy for dentists to acquaint their adult and juvenile patients with the benefits of this product, Fleers have made available "prescription" coupon books. Each of the 44 coupons in this book entitles a patient to a FREE piece of Fleers Gum. These coupons make a big hit with the children. They may be redeemed at any drug store or other store selling Fleers Gum.

To prove the benefits of using Fleers Gum in your practice, send for the FREE Professional Kit that is provided for personal research.

FLEERS
Dubble Bubble
GUM

FRANK H. FLEER CORP. (OH-5)
10th and Diamond Streets
Philadelphia, Pa.

GENTLEMEN:

Please send me Professional Kit referred to above, which includes Free coupon book.

DR. _____

ADDRESS _____

CITY _____ *STATE* _____

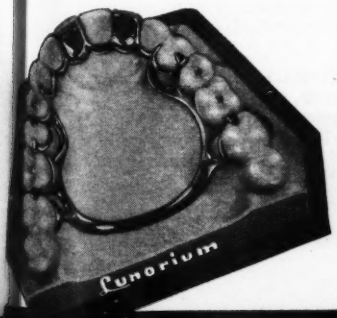
Lunorium is consistently perfect . . . it's the only

MICRO-BALANCED ALLOY

POTENTIOMETE
A source of standa
voltage. Used to ca
brate thermo-coupl

LUNORIUM never varies! Constant control-testing in the laboratory assures uniformity . . . in strength, lightness and resiliency. Every ounce of alloy and investment is measured and tested *on our own equipment* to maintain our unvarying high standard.

THE constant perfection of Lunorium has won the confidence of hundreds of dentists all over the country. Discover for yourself the superiority of this *micro-balanced* alloy. Specify LUNORIUM for your next case!



NOT JUST FIT ● -BUT *Perfect* FIT

Lunorium

REG. U. S. PAT. OFF.

THE ONLY *Micro-Balanced* DENTAL ALLOY

DOCTOR: If your own laboratory is not equipped to process LUNORIUM replacements, the central laboratory in Baltimore, Maryland is prepared to render you prompt service.

(Note) Novocain-epinephrin solutions are indicated in cases where ischemia of abnormally long periods or a dry field are required. Cook and Waite Solutions containing standard epinephrin concentrations are still available and are made according to the same high standards as Novocain-Cobefrin.

A LOCAL anesthetic solution that you can inject without fear of unpleasant, uncomfortable patient-reactions... one that is entirely compatible with the tissues... one that will not hamper Nature in her effort to effect quick, normal healing after extractions.

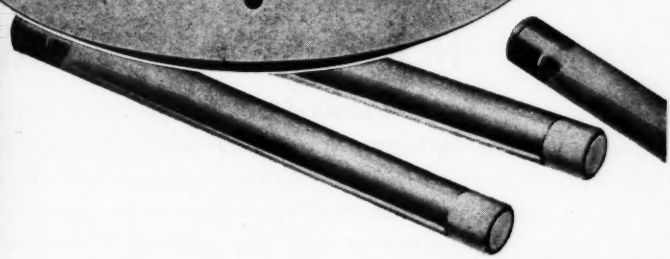
These are the attributes for which you are searching in an anesthetic solution. These are the requirements of the entire dental profession in selecting the anesthetic solution that will meet its exacting standards.

And, shrewd, successful dentists

The depressant action of Cobefrin on the inhibitory nerves within the wall of isolated rabbit intestine is shown to be less marked than that of epinephrin, even when the dose of Cobefrin is ten times as great. Graphs shown are from photograph taken at experiment.

In YOUR Search for a Safer, Better Tolerated Local Anesthetic.. Consider

NOVOCAIN *with* COBEFRIN



are more and more considering Novocain-Cobefrin in their search for such a local anesthetic. There are thousands of dentists who have already selected it as the solution that most nearly meets those requirements.

Novocain-Cobefrin possesses a background of *pharmacological* and *clinical research* — the basis upon which it was first offered to the profession—one which is constantly being enlarged upon . . .

However, it is upon its successful clinical background of millions of injections *in actual practice* that we recommend it for consideration in your search for a safer, better tolerated solution. It is available from dental dealers in the regular Cook or R. B. Waite cartridges or ampules and in cartridges that enable you to alkalinize the solution to a pH approximating that of the tissue fluids.

---------- *(Mail this coupon for literature)* ----------

COOK LABORATORIES, INC.
THE ANTIDOLOR MFG. COMPANY, INC.
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Laboratories: Rensselaer and Springville, N. Y.

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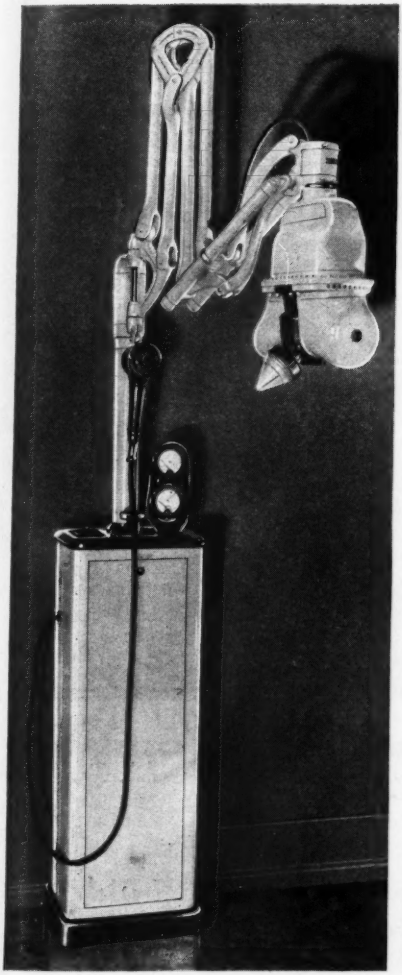

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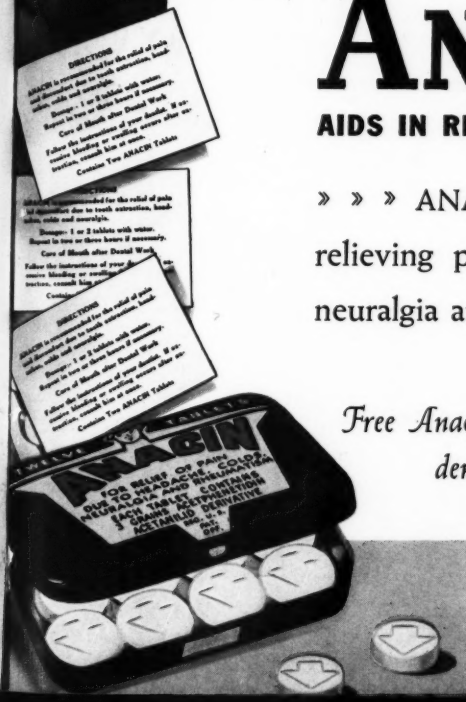

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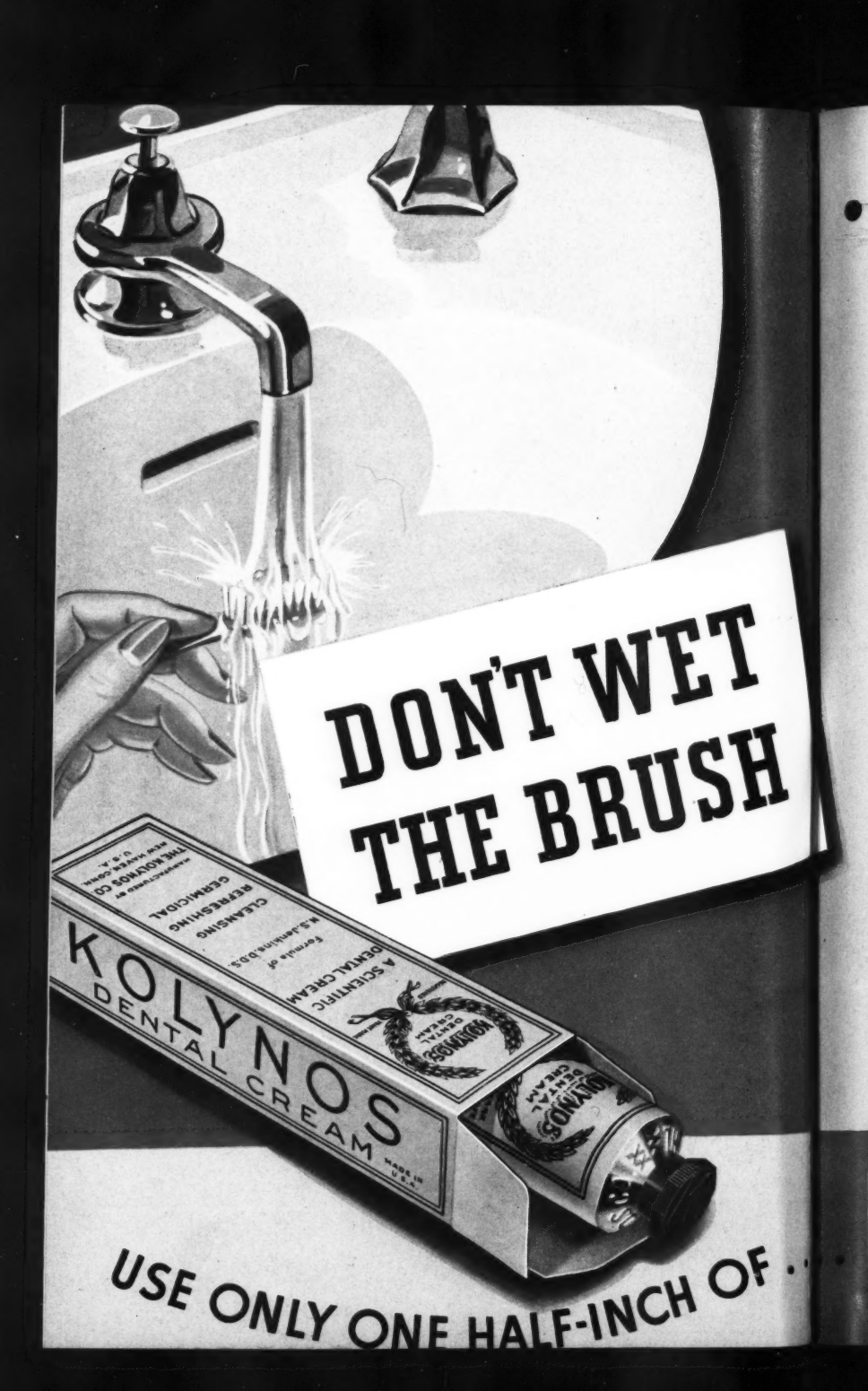
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DENTAL CREAM
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USE ONLY ONE HALF-INCH OF . . .

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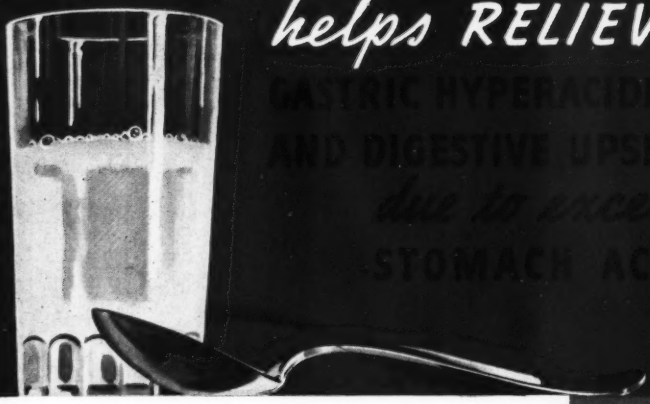

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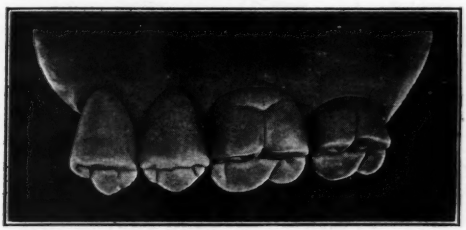

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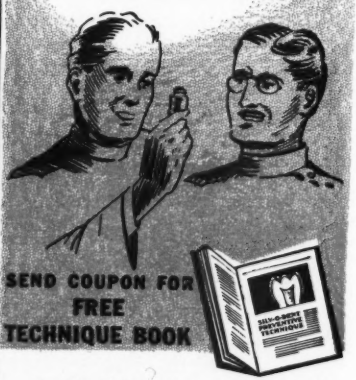

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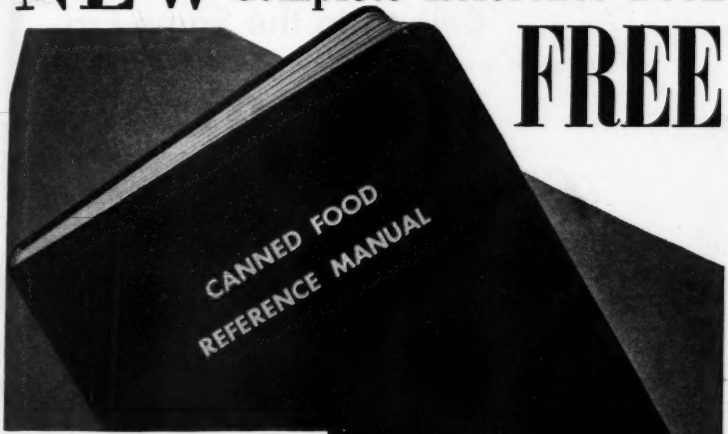

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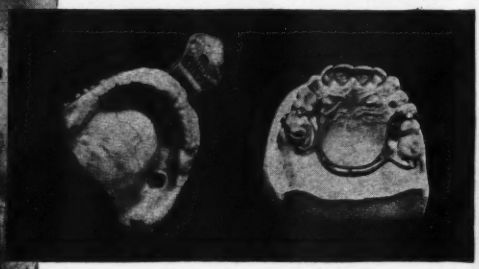

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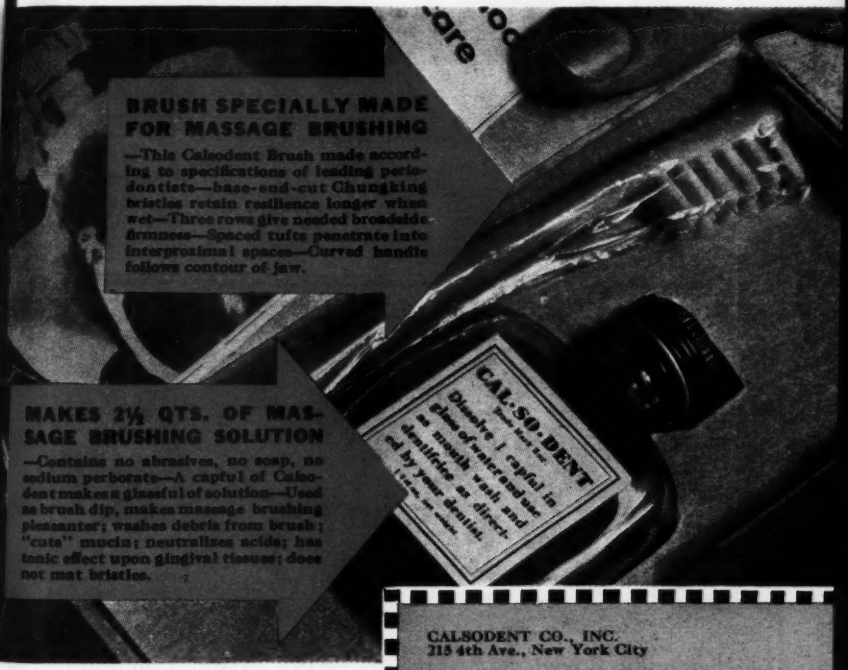

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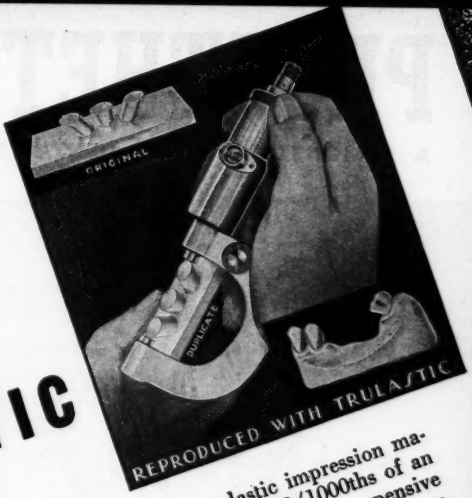

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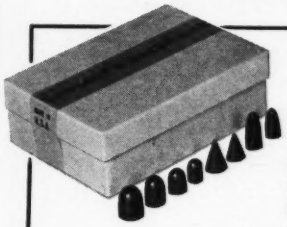

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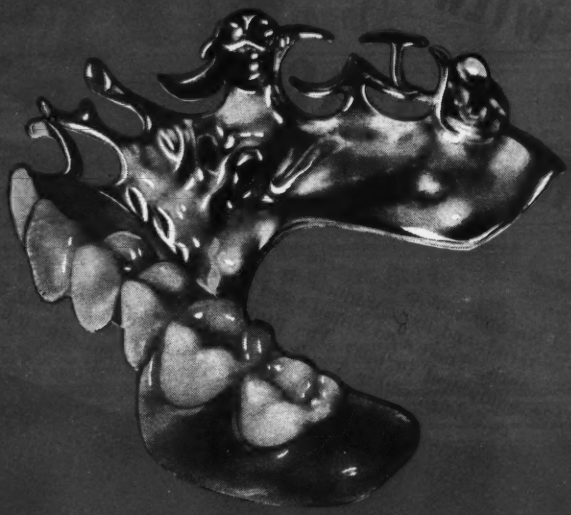

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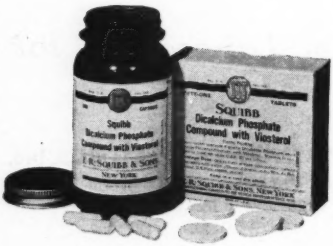

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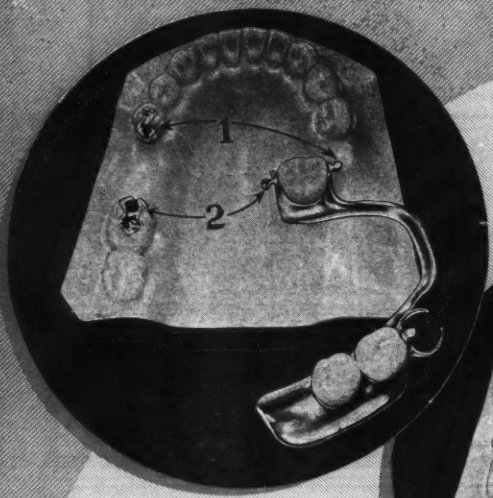

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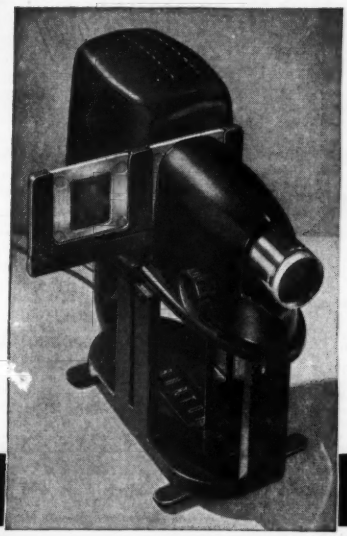

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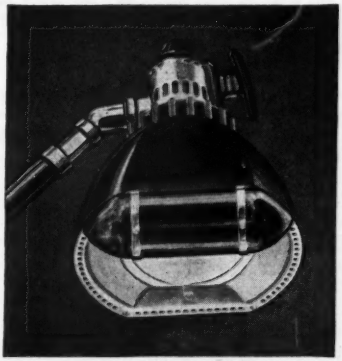

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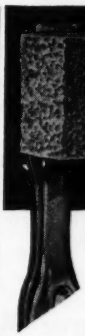

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The records show that a large percentage of the dentists of America indicate a definite preference for Revelation Tooth Powder—for personal use and for patients. In the face of so much promotional effort in this highly competitive field, it is significant that Revelation is first choice with thousands of dentists. True merit in a dentifrice is clearly recognized by members of the profession, generally. We believe that Revelation is certain to win even more professional recognition, as more dentists put it to the test. A safe, efficient, cleanser; pleasing to the taste; leaves the mouth refreshed.

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Hall of Science, Golden Gate International Exposition, San Francisco
Drug Store of Tomorrow, in Hall of Pharmacy, New York World's Fair.

AUGUST E. DRUCKER CO., 2226 BUSH STREET, SAN FRANCISCO

Campho-Phenique Liquid, according to the experience of many dentists, is practically indispensable in every day practice.

A cotton swab saturated with Campho-Phenique Liquid and painted over abraded gingival, buccal, lingual or labial areas will do much to provide comfort, to decrease possible bleeding, and to help necessary healing.

On irritated gums, gum boils, non-specific mouth ulcers, lacerated tissues, or as a pack in root sockets where an analgesic, hemostatic or mild antiseptic action is indicated, experience has taught the use of

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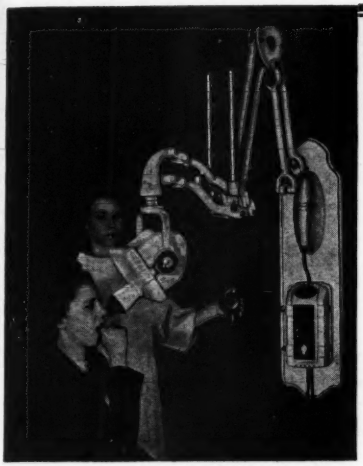
Your valuable equipment and machinery deserves the extra protection this HEAVY BODY "3-IN-ONE" OIL gives! It will help keep your lathes, air compressors, engines and hand-pieces running smoothly and quietly. It cleans and prevents rust, too. HEAVY BODY "3-IN-ONE" OIL has no offensive odor; does not gum. Available in 1 oz., 3 oz., and 8 oz. spout cans. Try it today!



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Absolutely Shockproof — tube and transformer immersed in oil. Tube head leakproof. No exposed cables.

100% Flexibility—Tube head can be instantly placed in any required position while patient remains seated in dental chair. Stability a special feature.

Ample Power — actual power is 10 M.A. at 58 P.K.V. Operators can depend on full output. Compensation for variations in line current.

Remarkably Low Price—No finer x-ray apparatus has ever been designed. You will be surprised at performance and the remarkably low price.

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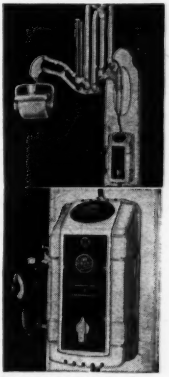
FISCHER Wall-Mounted SHOCK-PROOF DENTAL X-RAY UNIT

HERE IS, without any question, the finest dental x-ray apparatus on the market today. It embodies every modern mechanical and electrical development—and produces radiographs that cannot be excelled. Important advantages are the very compact construction, the ease with which radiographic positions may be obtained, the surprising freedom from vibration. Note the two small illustrations. When not in use, this apparatus folds close against wall. Control is very fine and finest performance is guaranteed.



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Please send full information by return mail regarding your new FISCHER Wall-Mounted Shockproof Dental X-Ray Apparatus. No obligation.

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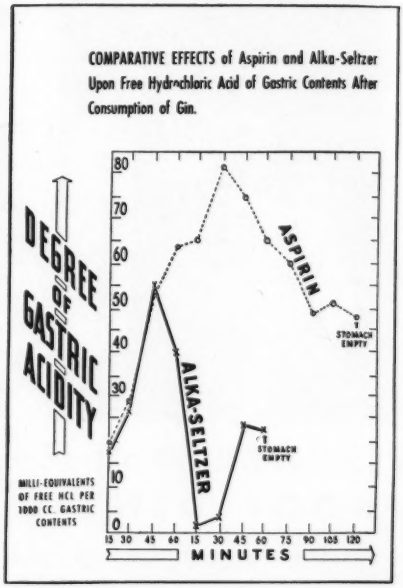
Address .....

OH-530

The Comparative Effects of ALKA-SELTZER and Aspirin Upon Gastric Hyperacidity produced by the Consumption of Alcohol in the Form of Gin



THE ABOVE CHART represents but one phase of the extensive investigations undertaken by an independent bio-chemical research laboratory on Alka-Seltzer.

The purpose of the controlled experimental and clinical research was to determine the value of Alka-Seltzer as a means of affording relief in minor ailments.

Obviously, the full details of the experimental method and findings cannot be condensed within the confines of a few paragraphs. However, full details will be given in a comprehensive illustrated book which will be available at an early date and which will be sent to interested physicians on request.

CONCLUSIONS

During the first sixty minutes after consumption of alcohol, a marked increase was noted in gastric acidity.

Following the administration of Alka-Seltzer there was noted:

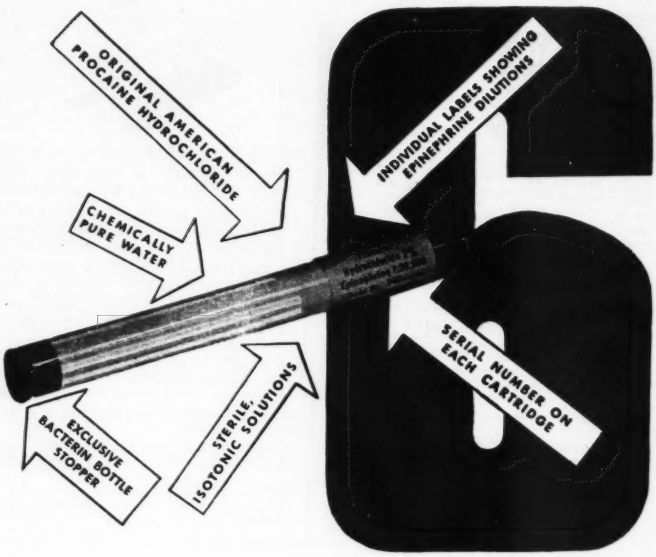
1. A prompt decrease in the free hydrochloric acid of the gastric contents.

2. A persistence of antacid effect during the subsequent hour or until the stomachs were emptied completely.

3. The effect on gastric hyperacidity was brought about by neutralization of the hydrochloric acid and not by suppression of secretion of this acid.

MILES LABORATORIES, INC.

OFFICES AND LABORATORIES: ELKHART, INDIANA



Six reasons why thousands of dentists

SPECIFY ABBOTT DENTAL CARTRIDGES

Abbott Procaine Hydrochloride Cartridges were introduced slightly more than a year ago. Today, they are preferred by thousands of dentists. There are six good reasons:

(1) They are produced by a firm with over twenty years' experience in the manufacture of procaine hydrochloride—the first firm in America to produce the drug.

(2) The water used in making the solutions is chemically pure.

(3) The solutions are sterile and isotonic.

(4) Each cartridge carries a label plainly showing the procaine hydrochloride and epinephrine dilution, minimizing chances for confusion and error.

(5) Each label carries, also, a serial number —a guarantee of precise control, assuring purity and potency.

(6) The patented stopper, originally developed for use on Abbott bacterin bottles, permits quick, easy penetration by the needle. It fits tightly against the cartridge, preventing leakage due to pressure.

Abbott's Procaine Hydrochloride Cartridges, ready for immediate use in any standard syringe which is used for this purpose, are supplied in two of the most commonly used epinephrine dilutions: 1:30,000 and 1:60,000. Conveniently obtained from Abbott distributors everywhere in boxes of 10 and 100 cartridges.

*

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NORTH CHICAGO, ILLINOIS

GARHART *Flexible* SYNTHAY PORCELAIN

Plasticity . . . Strength . . . and Economy

CLINICAL evidence proves that the perfected SYNTHAY PORCELAIN excels in such very desirable features as: flexibility in mixing; dense, strong ANTERIOR fillings; and natural-looking translucency. It is difficult to mix SYNTHAY PORCELAIN too stiff. Even though you did, the mix remains extremely plastic. If the mix is not quite stiff enough, SYNTHAY PORCELAIN will set promptly in the mouth, nevertheless. Just one liquid can be used in the mixing process. SYNTHAY PORCELAIN has a high powder absorption but, does not contain devitalizing ingredients. Eight improved, standard shades. Try SYNTHAY PORCELAIN . . . its unique qualities and economy will make the product a "must" among your dental supplies.

4 UNUSUAL ADVANTAGES

Garhart Porcelain is supported by over 20 years of research and successful clinical performance.

2 With Garhart Porcelain you use your own technique; nothing new to learn.

Garhart Porcelain has a more natural appearance; its translucency duplicates that of natural tooth structure.

Garhart Porcelain costs 33⅓ per cent less than other good porcelain.

See your Dealer or write for Literature

SPECIAL INTRODUCTORY OFFER

$8.50

Complete 6-color outfit with small shade-guide; Contains 6 one-half portion sizes of powder, 3 full portions of liquid, 3 small portions Synthay Varnish.

GARHART DENTAL SPECIALTY CO.
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GARHART DENTAL SPECIALTY CO. O.H.5
Kendall Square, Cambridge, Mass.
Gentlemen: Send me all the details on Synthay Porcelain for anterior fillings, and Synthay Symplex for posteriors.

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Restricted to help and positions wanted, practices wanted, and for sale. Minimum charge, $2.

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10c per word, initials and figures each counting as a word, address also counting.

FOR SALE: Dental practice and home in small town in Northeastern Pennsylvania. Office with or without equipment. Comfortable practice established seven years. Ideal location for one who would enjoy easy access to excellent hunting and fishing territory. "M" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Completely equipped modern two chair dental office in Indiana town of about one hundred thousand population. Office is specializing in Oral Surgery, and can show an immediate profitable practice. Excellent reasons for selling. This is an unusual opportunity for well qualified man. "L" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: In Rio Grande Valley of Texas, dental practice with two operating rooms, including x-ray. Also citrus grove with modern home. Reason for selling, ill health. Address Box 1539, San Antonio, Texas.

FOR SALE: Old established practice, Illinois town, six hundred inhabitants. Artistic bungalow on main street. No competition. Large surrounding territory, in rich corn belt. Wish to retire. "D" Oral Hygiene, Pittsburgh, Pa.

Retiring after 45 years. Will sell outfit, rent office, or sell building. Florida interests calling. Doctor Winter, New Castle, Pennsylvania.

FOR SALE: Two chair modern dental office, Monroe, Louisiana. Terms or lease. Dr. Geo. S. Long, 15½ W. 4th, Tulsa, Oklahoma.

FOR SALE: Four chair dental office in Tulsa, Oklahoma doing good business. Terms or lease. Reason other business. "A" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: On easy terms, long established practice, office and home in small town near Central New York. Reason, ill health. "Opportunity" Oral Hygiene, Pittsburgh, Pa.

DENTAL LOCATION WANTED: St. Louis, Missouri, or vicinity. Association considered. Twenty years experience. Very successful exodontist, dentures. Give complete information. "H" Oral Hygiene, Pittsburgh, Pa.

DENTAL TECHNICIAN: Expert in gold and nonprecious metal castings, also wide experience as plate man and ceramist. Capable of taking charge of first class laboratory. Wishes connection in some Southern State. "P" Oral Hygiene, Pittsburgh, Pa.

SELLING YOUR PRACTICE: Why not use the classified columns of The Dental Students' Magazine? Circulation 10,750 includes students of all classes in dental schools in U.S.A. and Canada, together with 3000 recent graduates of 1937 and 1938, many of whom are now looking for a location such as you have to offer. Rates $2.50 for 50 words or less, cash with order. Copy for June issue cannot be accepted after May 13th. We do not publish during July, August and September. Address Dental Students' Magazine, Palmolive Bldg., Chicago, Illinois.

FOR SALE: Good paying established practice and office in Illinois town of four thousand with several towns to draw from without dentist. Office has two outfits. Nice town to live in with two beaches. Excellent location between two theatres. Reasonable rent. Well worth investigating. Reason for selling, on account of eyes. "T" Oral Hygiene, Pittsburgh, Pa.

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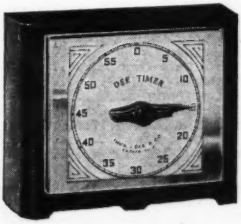

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DEE GOLDS SATISFY

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ADVERTISING INDEX

WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last minute changes often alter page numbers and positions.

Denturex

DENTAL PLATE CLEANER

gives your patients new comfort in their use of artificial dentures

Denturex *cleans* dental plates, removable bridges and other dental appliances *without brushing.* It whitens artificial teeth, deodorizes, and kills germs. Unclean dentures may mean decomposition of food particles, fermentation and germ growth, and offensive breath.

With the Denturex solution, a few minutes immersion will restore all the original brightness by removing mucin and underlying discolorations which will not yield to soap and water. Using Denturex also removes the danger of brushing or scouring with gritty powders which tend to damage and wear away the fine indentations so necessary for proper suction.

Denturex—a product of the United Drug Company Department of Research and Technology — utilizes ingredients never before combined to give a three-way purifying, deodorizing and antiseptic action which cannot harm any materials (excepting aluminum) in the plate itself. Careful dentists everywhere find that their recommendation of Denturex gives greater patient comfort and greater patient satisfaction.

Specify Denturex and save with safety

Self-Acting Dental Plate Cleaner

UNITED DRUG COMPANY • BOSTON

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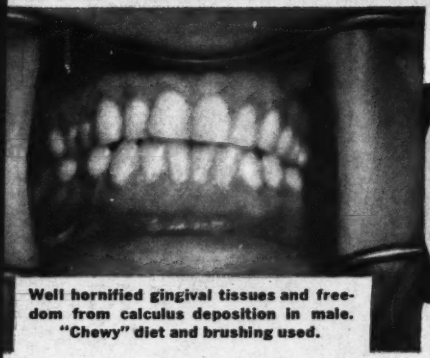
FFECTS OF ADEQUATE GUM STIMULATION

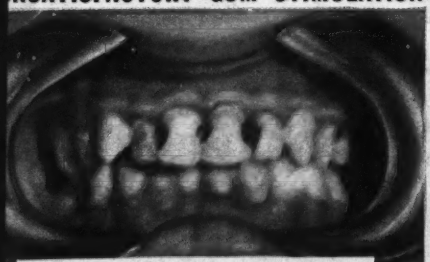


Well hornified gingival tissues and freedom from calculus deposition in male. "Chewy" diet and brushing used.

Normal capillary structure. Capillary loops normal in length and diameter. They tend to be evenly distributed.

Capillary structure far from normal. Blood sta Definite dilation of capillary loops and lim Distribution poor.

NSATISFACTORY GUM STIMULATION



Extensive cavitation and poor gingival tone in male. Plenty of deposition of material on teeth. Soft diet, little brushing.

Science Photograph

TINY CAPILLARIE

to show the importance o

GUM STIMULATION

Extensive photomicrographic and biopsy study by a well kno university dental clinic reveals that a "chewy" diet and ma sage definitely help maintain teeth and gum health. Lack adequate stimulation may bring about stagnant capill circulation and the gingival conditions that this may cau

IPANA massage can stimulate capillary circulation to a nutrition of teeth and gums. Removal of waste matter is fac tated by an increased diffusion rate between blood a lymph. More resistant gums mean better teeth...IPANA bru ing cleans and polishes teeth safely...Samples of IPANA a new research literature on request.

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TOOTH PASTE

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